

DOM. M.
BRITAN
DEC 51
C 141

**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**



DECEMBER 1952

VOL. LVI

No. 12

DOM. M.
BRITAN
DEC 51
C 141

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editor: I. H. BACKHOUSE.

Manager: R. J. KNIGHT.

Assistant Editor: S. P. LOCK

Charterhouse Representative: F. J. C. MILLARD.

December, 1952

CONTENTS

Editorial: A College of General Practitioners	562	Stoke Mandeville	579
Albert Schweitzer	566	Examination Results	583
An Introduction to Modern Poetry ...	570	Obituary	584
So to Speak	574	Correspondence	585
The Pathologist	575	Sport	587
Some Medical Books	577	Book Reviews	589

THE MEDICAL DEFENCE UNION, Ltd.

INCORPORATED 1885

Telephone: EUSton 4244

Registered Office:

TAVISTOCK HOUSE SOUTH TAVISTOCK SQUARE, LONDON, W.C.1.

Secretary: ROBERT FORBES, M.B. Ch.B.

AFTER REGISTRATION, YOU should take immediate steps to apply for membership of The Medical Defence Union, which provides Protection against legal actions arising out of the pursuit of your profession.

Every Medical and Dental practitioner, from the humblest to the most distinguished, requires the protection of a defence organization. Membership is a Guarantee of Security.

THE INDEMNITY afforded to members in respect of a case undertaken by The Union is an invaluable feature in view of the large damages and costs that can result from an adverse verdict.

PROTECTION is also provided on special terms to Medical and Dental practitioners resident and practising overseas.

ENTRANCE FEE 10s. ANNUAL SUBSCRIPTION £1 for each of the first three years for newly qualified entrants, and **£2** each year for members of more than three years' standing. (No entrance fee payable by candidates for election within one year of registration with General Medical Council or the Dental Board.)

FUNDS EXCEED £170,000

MEMBERSHIP EXCEEDS 37,000

Forms of application for membership obtainable from the Secretary



Illustrated:
An example
from the
Camp series
of
lumbosacral
designs.

The Assurance of a **CAMP** Support

*CAMP balanced posture is
achieved through the establishment
of firm support about the
pelvis — infinitely variable through the
CAMP unique adjustment.*

*CAMP Supports meet the physiological
surgical and obstetrical needs of
patients — as prescribed.*

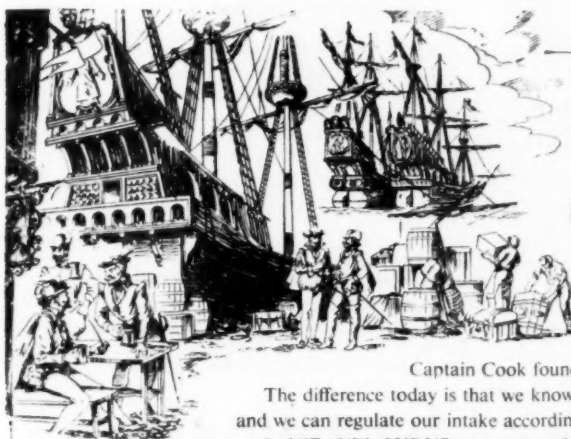
For your Library — The Camp Reference Book
of basic designs available free on request



CAMP ANATOMICAL SUPPORTS

S. H. CAMP & COMPANY LTD., 19 HANOVER SQUARE, LONDON W.1
FWS 705

Mayfair 8575 (4 lines)



*We improve upon
the first Elizabethans..*

The virtues of 'sower oranges and lemons'
in curing 'the scurvy' were known to seafarers
in the days of Elizabeth Tudor, and later on

Captain Cook found that fresh vegetables served the same purpose.

The difference today is that we know how much ascorbic acid we get in these foods
and we can regulate our intake according to the needs of health and disease.

In VITAVEL SYRUP, concentrated orange juice is used as a base for the inclusion
of other equally necessary vitamins, A, B₁, C and D, and the potency of each is designed
to satisfy human needs.

One teaspoonful (3.5 c.c.) contains, at time of manufacture, vitamin A. 2,500 i.u.,
vitamin D. 375 i.u., vitamin B₁. 0.5 mg., vitamin C. 10 mg. It can be given in water, soda
water or undiluted.

VITAVEL Syrup

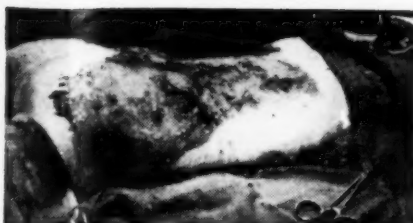


Literature available on request to:—

VITAMINS LIMITED (DEPT G.78) UPPER MALL, LONDON, W.6.

Please mention the Journal when replying to advertisements.

IMMOBILIZATION BY GYPSONA AFTER SKIN GRAFTING OPERATION



These illustrations and the brief details below are of an actual case, where after a skin grafting operation, a Gypsona plaster of Paris cast was used to immobilize the patient. In such a case Gypsona is particularly convenient. The bandages are ready for immediate use and are quick setting. Being evenly impregnated with a uniform content of plaster of Paris, they can be quickly formed into a strong but light cast — with a minimum of disturbance to the patient in the post-operative condition.

CASE HISTORY: Boy received a burn covering 16% of body surface. Plasma transfusion started and the burn dressed with penicillin cream.

There was almost complete skin destruction, and a fortnight later early granulations were visible through separating slough. Under general anaesthetic, these were stripped off leaving a clean raw area. This was covered with split skin grafts which were fixed with crepe pressure dressings. The child was immobilized in a Gypsona cast.

A week later, the cast was removed. 100% take of grafts. Tulle gras dressings applied. Three weeks later the boy was discharged home, walking satisfactorily.

GYPSONA, ELASTOCREPE and JELONET are made by T. J. Smith & Nephew Ltd., Hull. Outside the British Commonwealth, Elastocrepe is known as Tensocrepe.

OTHER SMITH & NEPHEW PRODUCTS USED IN THIS TECHNIQUE

JELONET (Tulle gras) is an open mesh gauze dressing impregnated with medicated soft paraffin containing 1.225% Balsam of Peru. Its non-adherent properties prevent dressing trauma, making it particularly suitable for wound areas encountered in skin grafting operations.

ELASTOCREPE is Elastoplast cloth without the adhesive spread. It therefore maintains uniform tension when stretched for long periods, keeping the pressure dressing firm throughout the immobilization.

Gypsona

PLASTER OF PARIS BANDAGES

Full details are available on request to the Medical Division, T. J. Smith & Nephew Ltd., Hull.

Please mention the Journal when replying to advertisements.

WHILE MAN SLEEPS

The badger emerges from its 'cete' or burrow, and makes nocturnal expeditions in search of its food. But some of mankind, too, are awake—unwillingly. Their problem is:



Soothing the cough that causes insomnia

IN TRACHEITIS and bronchitis the sleeplessness caused by a persistent, unproductive cough can be very exhausting. Tusana Cocillana Cough Linctus is very valuable in such cases. It provides a blend of expectorants to loosen the tenacious mucus in the upper air passages and the central sedative, codeine, to depress the cough reflex.

By breaking the vicious circle of coughing and irritation, Tusana allows the patient to sleep and gather strength for recovery. The tendency of codeine to cause constipation is offset by the inclusion of a little extract of senna in the formula.

Supplied in bottles of 4 fl. oz. — 2/10½d.
and 20 fl. oz. — 10/7½d.

*Net prices in Gt. Britain to the
Medical Profession.*

TUSANA

COCILLANA COUGH LINCTUS

Descriptive literature available from the Medical Department.

BOOTS PURE DRUG COMPANY LIMITED, NOTTINGHAM, ENGLAND.



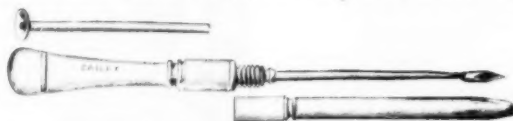
8148

Please mention the Journal when replying to advertisements.

W. H. BAILEY & SON LTD.

LONDON. ESTABLISHED 1833

For All General and Minor Operation Instruments



Exploring Trocars & Canulae in screw cases.
They can also be supplied with tubing mount behind the canula shield.



Dieffenbach's Artery Clips 2 inch and 1½ inch, with Fine Blades also available.

ALL ENQUIRIES TO OUR HEAD OFFICE WILL BE ATTENDED
TO PROMPTLY

80, BESSBOROUGH PLACE, LONDON, W.1. Tel.: Victoria 6013 (5 lines)

Showrooms, Surgical Appliance & Hospital Furniture Departments

2, Rathbone Place, Oxford St., London, W.1. Tel.: Langham 4974 (3 lines)

INSURANCE

TELEPHONE

WHIttehall 6161 where
there is an efficient
organisation ready to
deal with all your
enquiries

CAR & GENERAL

**INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1**

Please mention the Journal when replying to advertisements.

—NEWS **CASSELL** BOOKS—

THE ESSENTIALS OF MEDICAL DIAGNOSIS

RT. HON. LORD HORDER, G.C.V.O., M.D., F.R.C.P., and A. I. GOW, M.D., F.R.C.P.
Second Edition revised with the assistance of R. BODLEY SCOTT, M.A., D.M., F.R.C.P.

428 pages. Illustrated. 22s. 6d. net.

CHEMICAL INDUCTION OF CANCER

GEORGE WOLF, B.Sc., D.Phil.

264 pages. Illustrated. 17s. 6d. net.

PHYSICAL MEDICINE IN GENERAL PRACTICE

Edited by WILLIAM BIERMANN, M.D.

832 pages. 234 Illustrations. 93s. 0d.

BIOLOGY OF MENTAL HEALTH AND DISEASE

27th Annual Conference, Milbank Memorial Fund.

670 pages. Illustrated. 75s. 0d.

**JUVENILE
DELINQUENCY**

J. D. W. PEARCE,
M.A., M.D., F.R.C.P.Ed., D.P.M.

380 pages. 25s. 0d. net.

For full details please write
to :—

**CASSELL and Company Ltd.,
37/38, St. Andrew's Hill,
London, E.C.4.**

Safe.....

'SULPHAMEZATHINE'

SULPHADIMIDINE B.P.

TRADE MARK

Suspension (Oral)

The ideal sulphonamide for children

- Highly effective and safe
- Rarely gives rise to unpleasant symptoms
- Pleasantly flavoured

'Sulphamezathine' Suspension (Oral)

is issued in bottles of 100 c.c., 500 c.c. and 2 litres.

Each teaspoonful contains

0.5 gramme 'Sulphamezathine.'



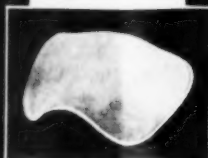
Ph.225

IMPERIAL CHEMICAL (PHARMACEUTICALS) LIMITED

A subsidiary company of Imperial Chemical Industries Limited WILMSLOW, MANCHESTER



Please mention the Journal when replying to advertisements.



SUPPORT

for relief of Hypotension associated with Nephrotosis

In a series of studies it was found that a posed kidney may lead to hypotension . . . that in such cases appropriate support for the kidneys is indicated because "support given to the kidneys seems to have prevented the critical orthostatic exacerbations of blood pressure and attendant cerebral, ocular and cardiac symptoms."

For your patients with orthostatic hypotension where a support is indicated we recommend

SPENCER as the support of choice because:

- ★ Each Spencer is individually designed—based on the patient's body descriptions, measurements, and the prescribed indications.
- ★ Each Spencer is designed for the body—not as it is—but as it should be with improved posture to meet the medical aims.
- ★ Each Spencer supports abdominal organs from below, upward and backward—paralleling the natural pull of abdominal muscles; the pull of support is placed on the pelvis, not on spine at or above lumbar region.
- ★ Spencer Supports do NOT lose shape. A support that loses its shape loses its effectiveness.
- ★ A Spencer Abdominal Spring Pad★★ (see inset above) may be incorporated in the support to serve as a resilient visceral elevator.

Prescribe Spencer for men, women, children—for conditions of abdomen, back and breasts. Spencer provides comfort, improves appearance

★★ Patented

For further information write to

SPENCER (BANBURY) LTD.

Consulting Manufacturers of Surgical and Orthopaedic Supports

SPENCER HOUSE

BANBURY

OXFORDSHIRE

Tel.: Banbury 2265

MANCHESTER:
LIVERPOOL:
LEEDS:

BRISTOL:
GLASGOW:
EDINBURGH:

Branch Offices and Fitting Centres:

38a King Street, 2
79 Church Street 1
Victoria Buildings, Park Cross Street, 1
(opposite Town Hall steps)
44a Queens Road, 8
86 St. Vincent Street, C.2
30a George Street, 2

Tel.: BLAckfriars 9075
Tel.: Royal 4021
Tel.: Leeds 330821

Tel.: Bristol 24801
Tel.: Central 3232
Tel.: Caledonian 6162

APPLIANCES SUPPLIED UNDER THE NATIONAL HEALTH SERVICE

Trained Spencer Retailer-Fitters resident throughout the Kingdom: name and address of nearest Fitter supplied on request

Copyright

S.B. 12/52

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol LV1

DECEMBER, 1952

No. 12

A COLLEGE OF GENERAL PRACTITIONERS

"Each one of us, however old, is still an undergraduate in the school of experience. When a man thinks he has graduated, he becomes a public menace."

(John Chalmers da Costa).

Though there is the spark of Walter Mitty in each of us, the fact remains that a good three-quarters of all students will enter general practice. From the turmoil of medical politics which has engaged the attention and passions of so many doctors and politicians since the war's end, one central fact emerges—that neither the status nor the standards, neither the conditions of work nor the financial rewards of general practice have been to anyone's satisfaction. Man being what he is, it was the last which received attention first¹, and the Danckwerts award seems to have solved this problem, at any rate for the time being. The time has now come to concentrate attention on the others.

It is satisfying, then, to see the recent interest in the proposal to establish a College of General Practitioners, and to record that it is a Bart's man, Dr. John H. Hunt, who is one of its leading advocates. His article in the *B.M.J.*² makes tentative proposals for the College, and it would be well to examine a few of its possible duties.

A College of General Practitioners would provide academic headquarters, recognised leadership and agreed policy for practitioners, giving voice and coherence to a body of doctors which, though 20,000 strong, has until now only the correspondence columns of the *B.M.J.* and the loosely knit organisation of the local branches of the B.M.A. as means of self-expression.

It would, inevitably, improve the status and prestige of practitioners, which have suffered heavy blows of late. The old family

doctor, the friend and confidant of old and young alike, may be fast disappearing, but that is no reason why he should be replaced, in the public mind, by a man too busy to give his patients proper attention and anxious to get rid of them to hospital if they present any difficulty.

One of the most important functions would be to assist in undergraduate medical training. Several hospitals and universities have started schemes for medical students to join practitioners in their practices, and others (including, presumably, our own) are watching their progress with keen interest. A College could do much to help medical schools in promoting these schemes. As Dr. Hunt writes: "The men and women we want in general practice in this country are not just failed consultants or those whose aim is to creep out of general practice into any available speciality at the earliest possible moment. We want more really good general practitioners, men and women who are general practitioners first and last, specially trained for general practice, proud to make it a life's work, and respecting it as a difficult and special subject—one of the most difficult of all the branches of Medicine."

Above all, a College will raise the standards of general practice. That all is not well with these was emphasised recently by a distinguished surgeon when he said: "Two-thirds of all the patients who come to Bart's and are diagnosed as having carcinoma of the rectum have never had a rectal examination by their doctors."

The ways a College could improve standards are multifarious. One of the most fruitful would be the encouragement and

¹A Reflection: E. A. J. Alment. *October Journal*.

²A College of General Practice: *Supplement to the British Medical Journal*, June 28, 1952.

guidance of research work in general practice, where there is a rich and almost completely unworked field. Few practitioners could give much time to research, but many giving a little time could soon achieve a great deal. Another most valuable function would be the promotion of post-graduate teaching for practitioners. Osler once wrote: "An essential for the practitioner as a student is the quinquennial brain-dusting . . . every fifth year, back to the hospital, back to the laboratory, for renovation, rehabilitation, rejuvenation, reintegration, resuscitation." As the pace of medical progress increases, Osler's advice acquires a new urgency. The difficulties of taking it are obviously many, but a College could do much to smooth the

way of a doctor having the three months' "holiday" that Osler proposed.

Sir H. H. Bashford wrote: "General practice is at least as difficult, if it is to be carried on well and successfully, as any special practice can be, and probably more so; for the general practitioner has to live continually as it were, with the results of his handiwork. . . . Such men are not only the pillars of our profession, but its topmost pinnacles, even if the wreaths and the knight-hoods but seldom come their way. . . ."

It is time, then, that general practice achieved the status and acquired the standards which its importance both justifies and demands. A College of General Practitioners could transform the position within a few years.

Presentation to Dr. C. F. Harris

Through the generosity of Professor and Mrs. L. P. Garrod, Club Secretaries and other members of the Council of the Students' Union were present at a sherry party held in the Hospital on Friday, November 15, at which Mr. R. R. Tilleard-Cole, Vice-President of the Union, made a presentation to Dr. C. F. Harris, our recently retired Dean, of a silver tankard, subscribed to by the students.

The Vice-President's speech and the presentation were most warmly applauded and Dr. Harris, who was obviously caught quite unawares, made a most happily phrased reply. He said that whilst it was something of a relief having no longer to refuse some 90 per cent. of the requests made to him he would always regard his seven years as Dean as among the most pleasant he had spent, for the continuous contact with students had made the work the most interesting and worth-while he had experienced.

Congratulations to:—

Dr. Geoffrey Bourne on his election to the Council of the Royal College of Physicians.

Lord Horder on his election as President of the Heberden Society.

Dr. E. D. Adrian, O.M., Master of Trinity College, Cambridge, on his appointment as a member of the General Advisory Council of the B.B.C.

St. Bartholomew's Hospital Ball

The Annual Ball is to be held on January 23, 1953, at the Park Lane Hotel, Piccadilly, from 8 p.m. until 2 a.m. A full four-course dinner will be provided, and later on during the evening there will be a running buffet. The price will be £2 17s. 6d. for a double ticket. Tickets are obtainable from the Ball Secretaries, J. S. Murrell and J. Pearce, at the Hospital.

This year witnesses a change of venue for the Ball. Moreover, the Ball Committee is offering a dinner inclusive in the *reduced* price of the tickets.

We welcome these changes and wish the Committee the success it deserves.

Cambridge-Bart's Sherry Party

This annual event was held on the evening of Friday, October 23, in the Library at the Hospital, and was attended by over 180 members and guests. Many old friendships were renewed, and "Bart's shop" was the topic of the evening.

Among the members seen to be present were Sir Alan Moore, the son of the late Sir Norman Moore, looking very fit at a ripe old age and come up specially from Battle for the occasion; Sir Adolphe Abrahams, one of Bart's most distinguished emigrants; Dr. Malcolm Donaldson and Mr. Rupert Scott, among many others. It was disappointing that contemporary students were not forth-

coming in their large numbers, for those that attended enjoyed themselves.

Mr. Geoffrey Keynes, the President, welcomed the members and guests and told the Club that their new President next year was Dr. G. F. Abercrombie, V.R.D., M.D.

The Secretaries have asked the *Journal* to express their gratitude to the women students who put in so much preliminary work in preparing the flowers and refreshments; and Mr. Thornton, whose library the club convulsed for a few hours, and who assembled in the Gallery an exhibition of portraits of old Bart's men, including some very interesting firm photographs.

Bart's in South Africa

On September 25 a South-Africa-Bart's Annual Dinner was held at Luthje's Langham Hotel, Johannesburg. It was arranged by Dr. K. Irving, in conjunction with Dr. John Gluckman, who recently organised a very successful Medical Congress in Johannesburg.

Our correspondent tells us that the *pièce de résistance* during the evening was an hilarious two-hour "chat" by Dr. Krige. Words and phrases in English and Afrikaans were freely mixed and the whole speech was frequently punctuated by the phrase: "Maar Bart's is bo," which can be freely translated as "But Bart's is best."

It seems that the hotel staff had great difficulty in shifting these loquacious diners, but they finally adjourned to the pavement outside where our correspondent left them at 1.30 a.m., apparently determined to see in the dawn.

We welcome this news of Bart's activity in South Africa and would be glad to have similar reports from elsewhere.

The Patients' Library

Students who have been on the wards know well the cheerful impatience of patients being examined while the library trolley is being trundled round. It is high time that the ladies of the Hospital Women's Guild who voluntarily give up their time for this service should have some tribute paid to their labour, and it is the duty and pleasure of the *Journal* to do so.

The library was started in 1931 by a party of workers of the Red Cross and St. John's Ambulance under Mrs. Raymond, who

established the scheme on a sound footing. The work increased every year, demand for the books always keeping ahead of supply.

In 1941, Mrs. Raymond was succeeded by Mrs. Paget-Cooke who retired from the post of Head Librarian only a few weeks ago. This lady did not stint herself in the service of the patients, and did not hesitate to pay for many books out of her own pocket when she saw they were needed. During her period of service, the number of books issued from the Library has been practically doubled. To her, and the other voluntary workers under her (most of them wives or relatives of members of the staff) many thousands of patients owe a great debt.

In 1939, the number of issues from the Library was 8,874. By 1941 this had risen to 22,848, by the end of the war to 29,444 and in 1951 stood at the number of 43,408—a total to excite the envy of Mr. Thornton, the Hospital Librarian. The number of patients served in 1951 was 15,351.

Nor should the Children's Library be forgotten. This is a separate concern and is run by Mrs. Bodley Scott, whose work, with that of her assistants, is much appreciated by the children. These ladies have an additional task in that they not only *supply* books; they also have to *read* them to the children.

Christmas is an appropriate occasion to ask readers for help for these two libraries. Their value cannot be doubted: it could be said with justice that three persons minister to the comfort of the patients—the pharmacist, the nurse, and the librarian. We urge all readers to add the Patients' or Children's Libraries to the gift lists they are preparing for Christmas. We add one warning—before you send any books, just think what *you* would like to read if *you* were ill in bed. If you are not sure that your choice would be suitable, then send a book token and leave it to the Librarian.

Tenth Decennial Club Dinner

The Tenth Decennial Club Dinner was held at the Washington Hotel, London, on Wednesday, October 15. Fifty-one members attended. The evening was a most enjoyable one and much enthusiasm was shown. The members of the Club said emphatically that they wished the dinner to be held as an annual event. Dr. Geoffrey Bourne was in the Chair and gave a brief account as to how

the Club has been resuscitated, thanks largely to the efforts of Dr. Lindsey Batten and Mr. S. L. Higgs. Dr. Batten made an excellent speech, giving the toast of "Absent Friends." Thanks to the kind generosity of Colonel F. J. Anderson the members enjoyed a round of port and Dr. Machado from Brazil and Dr. J. Andrew from Worthing also most kindly contributed financially to the pleasure of the diners in this way.

The success of this dinner showed, it is hoped, some evidence of one aspect of the Hospital's social activities exhibiting more liveliness than it has done in the past. The recent editorial of this *Journal* will perhaps stimulate St. Bartholomew's social life in other directions.

G.B.

Students' Union Annual General Meeting

This was held on November 6 and was attended by about 85 students, just over 12 per cent. of the student body, and this despite intensive advertising by the Secretaries.

A noteworthy point in the retiring Senior Secretary's report was the fact that of the 300 guests attending the last Hospital Ball, no more than 60 were students. Commenting on the fact that only six out of twenty-odd club secretaries had sent in Reports, he added: "The other clubs function."

The retiring Financial Secretary made a most concise and explicit financial report. He was able to show a profit of £182 on an expenditure of some £3,000, but warned that the restricted intake into the Medical College would, in future, lead to a reduction in income of about £400 *per annum*. Grants to clubs would do no more than maintain them, and secretaries were urged to seek additional income from other sources.

Attention was then turned to the proposal to hold a Coronation Ball. This was unanimously agreed to, and it was decided to hold it at the Royal Festival Hall. This has been provisionally booked for June 12, 1953. Dr. Gibson's letter, later in this *Journal* leaves one in no doubt of the success of the last Coronation Ball.

Finally, the Abernethian Room was considered. Again, Dr. Gibson's comments on this will be heartily endorsed. It is a disgrace to the Medical College. Various proposals were made to improve it and these will be considered by the Council of the Students'

Union: signs of change will be looked for eagerly. Any reader who numbers among his friends or relatives a skilled interior decorator is urged to come forward and make himself known.

The Abernethian Society

There are occasions when our chiefs wax philosophical on ward-rounds. They may turn from half-an-hour on aortic regurgitation to five minutes on medical education. Sooner or later they will let slip the admission that the medical student is overworked, specialises too early and has no time for outside interests—this being followed by a beam all round as though to say: "See? I'm on your side, after all."

It would not be inappropriate, then, if one or two of them got together and did something about the absurd hour that the ancient and respected Abernethian Society is forced to meet. This Society is one which tries on the whole, and on the whole tries successfully, to present its members with speakers whose subjects are off the beaten track of medicine; in short, those "outside interests" our chiefs find so desirable. But not a moment before 5.30 p.m.

At this time it follows hard on a clinical lecture, and it says much for those students who stay behind for the meetings that they do so, for one-and-a-half to two hours' solid listening is no mean feat. When some of those students have already had lectures at 12 noon and 2 p.m. and spent the afternoon looking down a microscope, their endurance becomes wholly admirable. But it is embarrassing for everyone if a good, but little-known, speaker is greeted by the smallest audience at the largest London medical school.

The Society meets once a fortnight. It should not be difficult to squeeze the contents of one clinical lecture in eight into the other seven, and leave the Society free to meet at the reasonable hour of 4.45 p.m. No one would be more pleased than the philosophical chief who could thus slip off home before the rush-hour, freed from the tie of a 4.45 lecture.

* * *

We wish a Merry Christmas and a happy and successful New Year to all our readers.

* * *

ALBERT SCHWEITZER

It is a commonplace that every age brings new interpretations of natural law and great increases in its own complex techniques. Whereas in the past we feel it was easy for any ordinary cultivated man to master the general plan of the tree of knowledge, we now count ourselves lucky to gain insight into a single side-shoot. Yet every age also has the disarming way of refuting this popular belief and of producing a man with an overall understanding of life, together with an insight and appreciation of each speciality that the specialists themselves envy. Leonardo da Vinci and Goethe are, of course, the supreme examples of such "whole" men, but every era can produce its complement of minor figures — Francis Bacon, David Hume and Samuel Butler, to name but three.

At the present time it is indeed doubtful whether men still exist with the time or the means, let alone the inclination, to pursue this end of universal knowledge. Perhaps the last of the giants has come: if so it would be difficult to deny this title to Albert Schweitzer, and to add that he alone of all these universal thinkers has distinguished himself in practice as well as theory.

Albert Schweitzer was born on January 14, 1875 in the small Alsatian town of Kaysersberg, where his father was pastor of the Lutheran church, but the family soon after moved to the village of Günsbach—a place which henceforth was to be a symbol of repose and refreshment to him. His childhood was a happy one, distinguished only by the traits which were to become important in later life—a great love of music and animals, and a total lack of class- or colour-consciousness. But this is to express these two latter attributes rather crudely, as nega-



Albert Schweitzer and one of his pet antelopes

tive vices, rather than positive virtues. Civilisation and its laws is at best only a thin veneer for the underlying law of the jungle which pervades most of human actions and relationships. Schweitzer noticed this very early in life; he recounts the pain he experienced on seeing animals cruelly treated and how when he was expecting the congratulations of his schoolfellows on beating the school bully, he was only reminded by his class mates of the better meals he had at home. He concluded that "we must all bear our share of misery which lies upon the world."

At the age of nine he was sent to the grammar school at Mulhouse, where he lived with his uncle and aunt, for whose kind firmness he was grateful in later years. In October, 1893, he entered Strassbourg University to study the two subjects of theology and philosophy. His plan was to devote his life until thirty to that of a

preacher and musician, and afterwards to seek a job of immediate service to his fellow men. As he says "the great secret of success is to go through life as a man who never gets used up"; to this end he worked fantastically hard at the University, not only in his main subjects, but also at the organ and general musical theory.

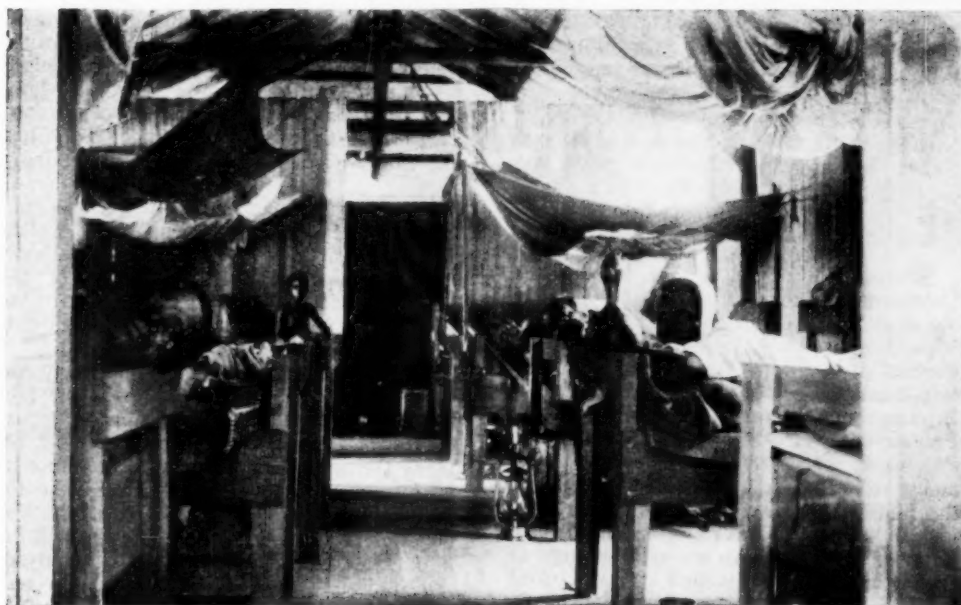
It goes without saying that he achieved the highest honours in these subjects, obtaining his Ph.D. in 1899 and being appointed a preacher at the St. Nicolas church in Strassbourg. In the summer of 1903 he was appointed Principal of the University theological college, when he was only twenty-eight years of age. With such an academic record, a high post in his own University, surrounded in cloistered calm by his books, organs and friends, it would be a strong man indeed who would abandon such temporal bliss for an unknown future. But this Schweitzer had resolved to do. In 1904 he came across an article on the life and needs of the Belgian Congo and was convinced that here at last he had found a place that really needed him. He resolved to qualify as a doctor first, however, for he wanted to be able to work without having to talk. Amid cries of protest from his acquaintances and friends, he resigned the post of Principal of the college and entered the medical faculty of his old university. At the same time he continued to deliver theological lectures and preached almost every Sunday, besides playing the organ for the Paris Bach Society and for the concerts of the Orfeo Català at Barcelona. As can be expected, the mastery of medical subjects presented little difficulty to him but, as he admits in his memoirs, he was of an analytical frame of mind, and not necessarily prepared to digest and absorb all the pre-fabricated answers which are the stock-in-trade of most medical students: in fact so much so that he was in some danger of failing his finals until some of his fellow-students forced him to join a cramming club, and thus prepared, much in the same way as the famous *paté de foie*, he survived the ordeal by examination very creditably. It is interesting to note the novel way in which he earned the fees for his finals; this was by playing the organ for the Munich Music Festival of 1911. His thesis for the medical doctorate had also what must be one of the most singular subjects ever accepted for this degree. The rise of psychology at that time had produced many new speculations and

ideas, and among these several papers had been written seeking to prove that Jesus was the subject of paranoia. After a year's research into the new science itself, Schweitzer produced a masterly thesis refuting this suggestion, in which the three main streams of his learning, theology, philosophy and medicine, were magnificently combined.

Not a little consternation was caused at the headquarters of the Paris Missionary Society by Schweitzer's decision to devote the rest of his life in the service of Africa, but on his assuring them that he would remain silent on theological matters and practise medicine alone, his offer was gratefully accepted and he was assigned quarters at the Mission Station at Lambarené. He had married the daughter of the University Librarian in 1912, and with her he at last set sail from Bordeaux on March 26, 1913. Much preparation had gone into his journey: stores and equipment had had to be bought and crated to withstand the rigours of the voyage and the African climate. The funds for these had been obtained in many ways; part had been given by the Missionary Society, part by various similar organisations and part also had been raised by Schweitzer's own organ concerts.

The promised hospital building at Lambarené was not ready when the Schweitzers arrived and the first wards, operating theatre and stores were in a disused fowl-house which the doctor immediately set about converting; a little later this accommodation was supplemented by the erection of some bamboo huts roofed over with palm leaves.

The news of a white doctor who was stronger than their own medicine men, and indeed who cured cases pronounced incurable by them, who could "kill" them, open and then sew up their bellies with string and finally "bring them to life" again, quickly spread around the province of Gabon, and earned the doctor the name of Oganga—the medicine man. In his first nine months at Lambarené he treated almost two thousand patients. The majority of these were suffering from tropical diseases, but European diseases such as pneumonia and mental afflictions were also common: only appendicitis and cancer were conspicuous by their absence. Indeed one of the commonest complaints among the natives was strangulated hernia and Schweitzer has given a graphic account of such cases in his memoir "On the edge of the primeval forest."



A ward at Lambarené

"How can I describe my feelings when a poor fellow is brought to me in this condition? I am the only person within hundreds of miles who can help him. That I can save him days of torture is what I feel as my great and ever-new privilege. Pain is a more terrible lord of mankind than even death itself.

"Very soon he is given an injection of omnopon: the doctor's wife is called to the hospital and with the help of my negro servant, she makes everything ready for the operation. When this is to begin she administers the anaesthetic, and Joseph in a pair of long rubber gloves acts as assistant.

"The operation is finished and in the hardly-lighted dormitories I watch for the man's awakening. Scarcely has he recovered consciousness when he stares around him and ejaculates again and again, 'I've no more pain, I've no more pain.' His hand feels for mine and will not let it go. Then I begin to tell him that it is the Lord Jesus who has told the doctor and his wife to come to the Ogowe and that white people in Europe give them money to live here and cure the sick negroes."

Perhaps even more moving are Schweitzer's accounts of his dealings with the mentally ill, for whom he has a special regard. In our own age in Europe we have seen such unfortunates exterminated in their thousands—a practice differing not one jot from their treatment by primitive communities in Africa, where they are first bound hand and foot by ropes, and, if this fails to calm them, are then thrown into the river to sink and drown. One of the doctor's first considerations when they came to build the new hospital some time after the first world war, was to ensure clean and comfortable accommodation for these patients.

So life continued at Lambarené for a year, the work increasing day by day in amount and intensity, until the outbreak of the war in August 1914. As Germans, Schweitzer and his wife were interned, but on the exertions of Widor, the French organist and composer and Schweitzer's teacher and friend, they were soon released on parole. In 1917, however, they were ordered to an internment camp and had time only hastily to pack away the medical stores and instruments in a small corrugated iron building, before embarking for Europe. One would

not expect a man of his calibre to go idle during imprisonment, and during this time Schweitzer busied himself in preparing the draft of his great work *Philosophy and Civilization*, and in restudying the organ repertoire with table as manual and floor as pedals. It was also during this period that he caught amoebic dysentery, which was to cause him much ill health and lead to several operations in the immediate post-war years.

Schweitzer was not to see his beloved Lambarené again until early in 1924. In the interval he held posts simultaneously at Strassbourg as curate of St. Nicolas and on the staff of the Municipal Hospital, delivered important series of lectures at Upsala, Birmingham, Cambridge, London and Prague, completed the first two volumes of *Philosophy and Civilization*, besides giving many recitals and acting as consultant in the building of new organs and the restoring of old ones. On his return to Lambarené, although his wife was not well enough to accompany him, he travelled with an Oxford medical student and was later joined by Swiss and French nurses. The derelict state of the old hospital building, the increase in material help from overseas and the constantly increasing number of patients—whose numbers rose sharply with famine and an epidemic of dysentery—prompted Schweitzer to consider the building of an entirely new hospital, instead of merely expanding the existing one. He found a suitable site some two miles away, had the forest cleared, himself set the piles for the individual huts and supervised the construction of the new erection. It was built out of wood and corrugated iron with a double roof for heat insulation, and sited so as to catch the evening breeze; the first patients were moved in at the beginning of 1927.

With expansion of the hospital, which now contains 400 beds for Africans and 20 for Europeans, his life since 1927 is a record in Africa of one triumph after another over material conditions and the apathy, ignorance and poverty of his flock, and appreciation in Europe which has recognised one of the greatest of her sons with the award of the coveted Goethe prize (Frankfurt 1928) and the conferring of honorary degrees at many of her greatest universities. Then, too, there has been the publication of many books, the journeys backwards and forwards to Europe, the raising of funds and buying of stores for

the beloved hospital and the countless organ recitals, both on the continent and in this country. Since the war Europe, and England, has seen him twice (once in 1949 and again this year), but he prefers still to spend most of his time at Lambarené with his wife, his African friends and three pet antelopes, Lohengrin, Parsifal and Tristan by name, working as hard as of old in his hospital. Perhaps the comment on his work which would appeal most to his sense of humour (for surprisingly enough this is one of his most engaging qualities) was made by a friend who said: "In Africa he saves old niggers, in Europe old organs."

"He who continually strives, him may we save." It is tempting indeed to fit the life of Albert Schweitzer into Goethe's famous dictum.* This is possible with the work of many Germans—for example in literature it is inherent in many works from Goethe to Kafka, in music from "Fidelio" to "Mathis der Maler"—but no Teutonic frame will fit him. How could it? He who has enjoyed the admiration and friendship of such diverse types as Widor and Cosima Wagner, Dr. Maude Royden and the Archbishop of Sweden, and has pursued so many different lines of thought with equal success. In the era of internationalism and the Council of Europe, he is *the* true European, not simply because of the accident of birthplace (bilingual Alsace) but because of the breadth of his sympathies and the validity of his interpretation of the West-European Christian ethic. He alone, one of the despised Liberals, has solved his problems in this Age of Anxiety.

S.P.L.

* "Wer immer sich strebend bemüht, den dürfen wir erlösen."—GOETHE, *Faust* Pt. II.

The writer can claim no particular originality in this article and would refer the interested reader to the following books which he himself has found useful in its preparation:—

General.

Albert Schweitzer—the man and his mind. Seaver, 1947.

Autobiographical.

Memoirs of childhood and youth.

My life and thought.

On the edge of the primæval forest.

Photographs from "Albert Schweitzer: The Man and His Mind," by George Seaver (A. & C. Black, Ltd).

AN INTRODUCTION TO MODERN POETRY

By J. S. MALPAS

THIS is an attempt at an introduction to modern poetry—by which is meant poetry written within the last fifty years.

As phases in the development of modern poetry, it is possible to recognise Georgian poetry both before and after the First World War, the poetry of the First World War, the era of Eliot in the 'twenties, the reaction against his outlook in the 'thirties, a period difficult to define, prior to the last war, and the poetry of the Second World War and after.

Georgian poetry

At the end of the first decade of this century English literature was drawing on a legacy left by the Victorians. It had not yet felt the full influence of poets like Yeats and Hopkins and its poetry was reflecting the peace and prosperity prior to 1914. This reflection of the life and times of the nation is a clearly-defined theme in the poetry of the early years of this century.

Georgian poetry mirrored the stability of society in its pleasant Sunday afternoon style of writing about the countryside, animals and gardens. It aimed at abandoning the pomposity of Victorian poetry and substituting simplicity; it widened the scope of poetry a little but sought absence of emotion. It tried to evoke a spirit of:

"God's in His heaven, all's right with the world!"

Easy optimism is criticised these days but A. E. Housman's "Tell me not here it needs not saying," Robert Bridges' beautiful lyric "I love all beauteous things" and "An Epitaph" by Walter de la Mare are fine examples of a period which should not too lightly be dismissed.

A most outstanding poet who could never be accused of easy optimism was Thomas Hardy. He returned from the writing of novels to the writing of poetry which he did with a wonderful ability to portray Nature in her sweeter or wilder moods and to portray humanity. Throughout there flows a belief in Destiny, which he believed to rule with blind cruelty. To realise the grip which the

latter had on Hardy's imagination read "The Dynasts." I should like to quote one of the best known of Hardy's poems as a good example of the first two qualities.

Only a man harrowing clods
In a slow silent walk
With an old horse that stumbles and nods
Half asleep as they stalk.

Only thin smoke without flame
From the heaps of couch-grass;
Yet this will go onward the same
Though Dynasties pass.

Yonder a maid and her wight
Come whispering by:
War's annals will cloud into night
'Ere their story die.

You will find it hard to gain a picture of those times from a Georgian poet. Georgian poets did not write on the recent coal strike or on Mr. Asquith's foreign policy. Occasionally they might harden into a little satire as in Rupert Brooke's poem "Heaven," but it is all good fun and doesn't hurt. All the Georgian poets who were writing in the halcyon days before the First World War seem to have been away on a quiet weekend. The house party included, amongst others, Lascelles Abercrombie, W. H. Davies, John Drinkwater, J. C. Squire, Edward Thomas and Rupert Brooke.

The poetry of the First World War and after

The break-up came in 1914. Many poets I have mentioned lost their poetic significance in those terrible years and not a few their lives. We cannot realise what a terrible blow the First World War was to a generation which believed only in ever-increasing harvests of the fruits of peace with the advance of progress and, supposedly, of civilisation.

The war poetry of 1914-1918 was of double character. The initial phase was characterised by such poems as Captain Julian Grenfell's "Into Battle." The attitude of

"... he is dead who will not fight

And who dies fighting has increase"
did not last; it foundered in the mud of

Passchendaele and the Somme. The horror of total war was well expressed by Wilfred Owen, Siegfried Sassoon, Isaac Rosenberg and Herbert Read. Wilfred Owen speaks for the group when in a moving preface to a book of his poems that he did not live to see published, he wrote:

"Above all I am not concerned with Poetry.
My subject is War and the pity of war.
The poetry is in the pity."

To have retained any sensibility under these conditions was a triumph. He admitted: "My senses are charred: I don't take the cigarette out of my mouth when I write 'deceased' over the men's letters."

In his poem "Exposure" he writes:

"The poignant misery of dawn begins to
grow . . .
We only know war lasts, rain soaks and
clouds sag stormy.
Dawn massing in the east her melancholy
army
Attacks once more in ranks on shivering
ranks of grey,
But nothing happens."

Wilfred Owen was one of the mainsprings of English poetry and his early death was a tragedy occurring as it did in the last few days of the war.

After the war there was a strong urge to return to the days prior to 1914. "The Georgian Literary Scene" by Frank Swinerton gives an excellent account of the early 'twenties. At that time the volumes of poetry produced at intervals of a few years by Sir Edward Marsh began to have a rival. This was a magazine called "Wheels," which had Dr. Edith Sitwell as its literary giant. D. H. Lawrence and Ezra Pound also contributed. The work of Edith Sitwell, to quote Mr. Jack Lindsay's essay on her, "caused an extreme fury of hatred." This was due probably to a condensation of imagery which very often was so personal as to be unintelligible to the world at large. (You may remember the "Emily-coloured hands versus primulas" correspondence in one of our Sunday newspapers a little while ago.)

Imagine what this quotation from Edith Sitwell's earlier poetry must have seemed like to an audience less used to the abstract in writing or painting than ourselves:

"What is the march we hear groan
As the hoofed sound of a drum marched
on
With a pang like darkness, with a clang
Blacker than an orang outang?
Heliogabalus is alone—
Only his bones to play upon?"

This is a quotation from "The Drum," which appeared in "Facade and Other Poems," 1920-1935.

In "Facade," Edith Sitwell is experimenting with the rhythm of words, with the careful positioning of words that rhyme and those that do not quite rhyme (assonance). How can a sound be "hoofed," and what has the last Roman Emperor got to do with the haunting of Tedworth by a demon drummer? You and I have a right to know whether it is nonsense. If you read the whole poem perhaps you will agree that an explanation could begin "In order to get atmosphere . . ."; in any case you will probably agree that Pope's dictum, "The sound must seem an Echo to the sense," is obeyed.

For a full and clear account of these experiments read "Some Notes on My Own Poetry," by Dr. Sitwell, in the Penguin edition of her selected verse.

T. S. Eliot

Whilst Edith Sitwell was responsible for adding a new and lively imagery to poetry, T. S. Eliot and others were enlarging the number of "poetic" subjects. T. S. Eliot ranged wide, from a sincere and grim appraisal of the conditions existing in the inter-war years to religion. He abandoned images used in the past to convey a particular emotion; repudiated the ten-syllable line that had been the mainstay of English narrative poetry; used a new language and new rhythms. Rhythms such as these:

"April is the cruellest month, breeding
Lilacs out of the dead land, mixing
Memory and desire, stirring
Dull roots with spring rain."

Subjects such as false teeth are used to give a pathetic picture of the folk who lived in a time of boom and depression, of their weaknesses and idiosyncrasies:

"Now Albert's coming back, make yourself
a bit smart.

He'll want to know what you done with
that money he gave you

To get yourself some teeth. He did, I was there.

You have them all out, Lil, and get a nice set.

He said, I swear, I can't bear to look at you."

These two extracts from the "Waste Land" are chosen because chronologically they fit better into the period under consideration, the 'twenties; but as an introduction to Eliot it is far better to start with "Prufrock and other Observations," published in 1917.

The arid intellectual poetry which he has produced has given rise to a great many interpreters, many of them bogus, but a short appraisal worth reading is that in the Penguin "Contemporary Verse," edited by Mr. Kenneth Allott. These lines from "Burnt Norton" will give you some idea of Eliot's philosophy:

"I said to my soul, be still, and wait without hope,

For hope would be hope for the wrong thing; wait without love,

For love would be love for the wrong thing; there is yet faith,

But the faith and the love and the hope are all in the waiting."

However much you disagree with Eliot's philosophy one has to grant that he is a thought-provoking poet. To quote R. A. Scott James:

"He brought into poetry something which in this generation was needed: a language spare, sinewy, modern; a fresh and springy metrical form; thought that was adult; and an imagination aware of what is bewildering and terrifying and in all life. He has done more than any other living English poet to make the age conscious of itself, and in being conscious, apprehensive."

It became apparent to Eliot that poetry which dealt with the contemporary situation would of necessity be complex and difficult. The interwar civilisation which it perceived was changing quickly and consequently it could not easily be put into perspective. Eliot was certain that the audience for poetry would dwindle and he despaired of doing anything about it.

A trend of thought and a method of writing which began with A. H. Clough in the mid-nineteenth century and which can be traced through Gerard Manley Hopkins and Ezra Pound to Eliot faltered, and though its

influence continued it ceased to progress. Ezra Pound became a Fascist; Eliot, though "right wing" in outlook, retired for protection behind Anglo-Catholicism.

D. H. Lawrence was a solitary figure, a character of strange contrasts, a man whose aspiration was to bring society a new philosophy of life. Though powerful in both character and imagination he did not succeed. His early life in a mining village taught him, so he thought, the truth about instinct and human nature, about this age and the machine. But the revolt of instinct against intellect which he tried to instigate was a failure and society remained bemused by the machine. He had an astounding imagination; this quotation is from a poem called "Humming Bird":

"Probably he was big

As mosses, and little lizards, they say, were once big.

Probably he was a jabbing, terrifying monster.

We look at him through the wrong end of the long telescope of Time,

Luckily for us."

Lawrence remains an isolated, though important, figure of the 'twenties.

Poetry in the Thirties

In the early 'thirties a reaction took place against the attitude of Eliot. It was led by three poets, usually classed together, but who have fundamental differences. They were Auden, C. Day Lewis and Stephen Spender.

Auden, who has been described as "the most brilliant poet of his generation," built his house on Marxist doctrine and Freudian psychology, both of which have proved to be shifting sands and which were abandoned by all three. His poetry is witty, slick and quite the thing. Here is an example from "Victor":

"It was a frosty December,

It wasn't the season for fruits,

Father dropped dead of heart disease

While lacing up his boots.

Have mercy, Lord, save his soul from Hell."

C. Day Lewis has produced novels, translations and detective fiction; but, first and foremost, poetry. His lyric poetry is not always good, tending to be self-conscious, but in narrative poetry and in translations he excels. His translations of the Aeneid of

Virgil is perhaps the greatest commissioned work of art so far this century. In a narrative poem of the Spanish Civil War he tells of the fight of four Spanish Republican trawlers with the rebel cruiser Canarias.

"The trawlers' men had no chance or wish
to elude the fated
Encounter. Freedom to these was natural
pride that runs
Hot as the blood, their climate and their
heritage, dearer than suns.
Bizcaya, Guipuzkoa, knowing themselves
outweighed
Drew closer to draw first blood with their
pairs of four-inch guns,
Aboard Canarias the German gun layers
stationed
Brisk at their intricate batteries—guns and
men both trained
To a hair in accuracy aimed at a pitiless
end."

Whilst much of Day Lewis' imagery is of a personal nature and consequently hard to understand, Stephen Spender's writing gains an immediate foothold on the beaches of the mind. This fact, coupled with his very lyrical mood, makes his poetry very alive:

"What is precious is never to forget
The essential delight of the blood drawn
from ageless springs
Breaking through rocks in worlds before
our earth. . . ."

is a healthy antidote to the attitude of Eliot. His poetry has those images which we might almost have thought of ourselves. The thing I have in mind is this description of an air liner:

"More beautiful and soft than any moth
With burring furred antennae feeling its
huge path
Through dusk, the air liner. . . ."

His poetry has a delicacy which enables him to treat subjects which would so easily suffer from clumsy handling. In "Elegy for Margaret," a book of poems dedicated to his wife, he wrote:

"Of what use is my weeping?
It does not carry a surgeon's knife
To cut the wrongly multiplying cells
At the root of your life.
It can only prove
That extremes of love
Stretch beyond the flesh to hideous bone
Howling in hyaena dark alone."

Spender had courage to doubt and criticise the "Pale Pink" poets of the 'thirties who were almost wholly engaged in turning poetry into propaganda. Not only this, whilst following Eliot's "spare sinewy language" he nevertheless allowed personal emotion to enter his verse together with compassion for humanity, humanity which was again "slipping and stumbling into world war," as Lloyd George put it.

He gave the warning:
"Never to allow gradually the traffic to
smother
With noise and fog the flowering of the
spirit."

The poetry of the 'thirties was concerned with man as a political animal. The poetry of the 'forties, again very broadly speaking, was the poetry of the individual. Dylan Thomas and George Barker can be put at the centre of a group which gradually evolved. This group called itself the New Apocalypse and the reason why they took that title has in its explanation much of the outlook of the 'forties.

In a world where the words *anschluss*, *putsch* and *blitzkrieg* had a new and terrible significance it was not surprising that the concern with politics diminished, that anarchy became the topic instead of political idealism.

"The hand that signed the paper felled a city:
Five sovereign fingers taxed the breath,
Doubled the globe of dead and halved a
country;

These five kings did a king to death."

wrote Dylan Thomas. It seemed that when a city could be destroyed in the first hours of a September morning and a nation strangled in three weeks then indeed the four horsemen were riding.

Poetry in the Second World War

"War poetry" as such was not written in the Hitler war. "Where are the 'war poets'?" screamed the elderly ladies from Cheltenham to Bath, but their idea of war poetry ended in the Flanders mud twenty-three years earlier.

The poetry written during the last war was no less realistic, dramatic and intelligent than in the first war but it did not deal in the main with the details of mass murder. (It would have been like the young lieutenant describing Dunkirk to a dowager—"rather a bore—the noise and the people!")

To be strongly recommended are Henry Reed's "Lessons of the War"; Alan Lewis' book "Ha! Ha! among the Trumpets"; David Gascoynes' "Poems 1937-1942" and, in addition, the work of Richard Spender and Sidney Keyes. This comes from "The Naming of Parts," by Henry Reed.

"They call it easing the Spring: it is perfectly easy

If you have any strength in your thumb:
like the bolt,

And the breech, and the cocking-piece, and
the point of balance

Which in our case we have not got; and
the almond blossom

Silent in all of the gardens and the bees
going backwards and forwards

For today we have naming of parts."

Mention should be made of Edwin Muir, Louis MacNeice, Randall Swingler, Vernon Watkins and a host of others; but they are not fitted easily into a group or into one of the six periods outlined. There is the same difficulty in the case of Edith Sitwells' recent work. After a most striking poem, "Gold Coast Customs," published in 1929, she wrote little poetry, but shortly after the war commenced she wrote an exceptionally fine poem, "Still falls the Rain." It was a declaration of Christian faith at the time when bombs fell as rain:

"Still falls the Rain

Dark as the world of man, black as our loss,

Blind as the nineteen hundred and forty
nails

Upon the Cross. . . ."

The power was retained in "Three Poems of the Atomic Age," which is the reaction of a Christian philosopher to the dropping of the first atomic bomb early on Monday, August 6, 1945. The exposition in these poems of the problem facing Man in the Atomic Age is equal to that in any other writing. The symbolism is derived from the Bible, the poetry having something of the grandeur of the Old Testament. In this use of the Bible may lie one possible way of uniting poet and audience again on common ground, one of the greatest difficulties in this age. She sees Dives' lust for gold ousting the love of the gold of the living ear of corn; she sees modern Man as Lazarus covered with sores; but her conclusion is not full of despair, like so many who, after the victory, faced the bewilderment of these last few years.

Even if, like Sir Isaac Newton, you believe "poetry to be a kind of ingenious nonsense," or that "Rhyme is only an Embroidery of Sense, to make that which is ordinary in itself pass for excellent with less examination," yet I hope that this very incomplete outline will serve as an introduction to the subject; for my part, as John Dryden said, "I am satisfied if it cause delight."

* * * * *

* * * * *

SO TO SPEAK . . .

Strychnine with your tea, Sir?

A young registrar who had yet to do his National Service had been making himself unpleasant on a gynae ward-round to an elderly student with a good record of war-service.

Finally the registrar asked: "Just how much experience *have* you had in the gynae wards?"

Back came the unsmiling reply: "Four years in the cervices."

From one Consultant to Another

Dear Brother,

The bearer is very desirous of having your opinion. I do not know his case. He has no money, and you don't want any, so that you are well met.

Ever yours,

John Hunter (to his brother, William).

A Disease as Old as Lectures

Inscribed on one of the desks in the Clinical Lecture Theatre is the anguished note: "Boring pains, Doctor, lasting 45 minutes." There follows a diagnosis and a differential diagnosis of respectable length with which many students are in sympathy, but which we dare not print.

Sensitive lecturers may care to look for themselves.

THE PATHOLOGIST

Pity the poor pathologist,
Who lurks inside a lab.,
Discerned through dim obscuring mist
Like some strange hermit crab.

Observe his solitary trends,
His shy eccentric habits ;
His chief associates and friends
Are guinea pigs and rabbits.

A trifle immature in all
His actions, don't you think,
Making a private urinal
Of any handy sink ?

Another sign you may detect
As casually he looks in —
That "Rosy-fingered Dawn" effect
Contrived with carbol fuchsin.

Such stigmata you should ignore,
With others, scarcely sweeter,
His vampire trick of sucking gore,
His craze for fresh excreta.

His daily round, his common task
Is growing germs on seaweed,
Or wandering round the wards to ask
If So-and-So has w . . . d.

You might reflect, as you collect
That early morning specimen,
Pathologists (with all respect)
Must be extremely messy men.

Sincere pathologists admit
Such habits may pollute 'em —
You can't aestheticise a spit
By labelling it "sputum" —

But though their trade perforce consists
In traffic so obscene,
In private life pathologists
Are often fairly clean.

R.B.P.

"R.B.P." is Brig. R. B. Price, D.S.O., R.A.M.C. (retired). He is the author of no less than thirteen of the ninety-nine pieces in *Round the Fountain*, ranging from "To T.B." in January, 1908, to "Medical Inspection, A.T.S." in 1946. His most famous poem is, undoubtedly, the "Battle of Furunculus," the Lay of *Staphylococcus Aureus*, which, since its first appearance in October, 1909, has been repeatedly reprinted, with and without permission, in medical journals all over the world.

"The Pathologist" is to be found in the current edition of *Round the Fountain*, but is a pale shadow of this present offering. Verses 3, 4, 5, and 8 are quite new, and all the others are different in some respect.

Brigadier Price is now enjoying retirement in his Surrey home, and it is pleasant to be able to wish him many happy years of leisure, and perhaps, if we are lucky, a few more poems for the *Journal*.

* * * * *



The Man who said he had never heard of "Round the Fountain"!

**IF YOU'RE A BART'S MAN (OR WOMAN) AND
HAVEN'T GOT 'ROUND THE FOUNTAIN'
YOU OUGHT TO BE ASHAMED OF YOURSELF**

AN IDEAL CHRISTMAS PRESENT FOR YOU OR YOUR MEDICAL FRIENDS

On sale in the Library 5 -

By post from the Manager 5/9

SOME MEDICAL BOOKS

By GEOFFREY BOURNE

It is often said that "The Practice of Medicine is an Art rather than a Science." The truth of this depends upon what is meant by Art. Art, in the true sense, is the utilisation of a technique, such as writing, painting, and music, for the projection of the personality of the artist. There is nothing more personal than the writing of Shakespeare, the painting of Rembrandt, or the music of Beethoven. Art, in other words, is the only means by which human personality can be perpetuated for later generations.

Medicine, on the other hand, although it may save ephemeral lives, is impersonal in a long-term sense. At St. Bartholomew's the personalities of Harvey, Abernethy, and Gee have faded or are fading. Doctors live, for good or ill, in the memory of their patients, but this memory dies with mortality. Some great medical teachers may live for a few generations in the traditions of their school, but their personal memory is still limited.

Scientific writing, as writing, is as transient as its authors, although its contents may be nearly as long-lived as the productions of great art. Each addition to the total of scientific knowledge is a brick added to an immortal structure. But the brick rarely has personality enough to achieve the qualities of Art. The name of him who placed it is soon lost, however important it may be to the whole.

Thomas Lewis and Wilfred Trotter had the rare double talents of both artist and scientist. Such writings of Lewis as "The Clinical Classification of the Heart Beat" have a beautiful clarity which both demonstrates the scientific problems described and impresses the reader with the incisive personality of the writer. This book was one which stamped indelibly on my student mind the essential beauty of clear scientific truth.

Thus the use of the word "Art" to explain one quality of medical practice is inaccurate and is incapable of withstanding critical analysis. The label is no doubt used as a synonym for a Craft or a Mystery, and such terms are applied to those activities of medicine which are non-scientific.

The doctor today must before all things be a scientist, that is, a man or woman who has learned the technique of thinking as clearly as possible. The checking and cross-checking of every fact, the willingness to admit error, the insistence where possible of a control experiment, the mistrust of dogma, all these are equally the aim of scientist and doctor. The scientist, however, can choose his problem, and can refuse to pronounce upon insufficient evidence. The doctor's problems urgently demand the best solution available and an answer must be given helpful to the patient, however insufficient the evidence may be. To the clinical facts scientifically available the doctor must add his memory of similar cases, his reading of the patient's character, his own human sympathy, and the pragmatism of experience. It is this side of his work, neither truly scientific nor unscientific, which is inaccurately labelled Art.

No doctor can practise medicine well who is uninterested in men and women; and conversely, there is no human activity which gives both a wider and a deeper view of human nature. It is upon this common ground that writers and doctors meet. But whereas nearly all books are interesting, there are some which have had for me as a doctor a special attraction. They interest either by the light they throw upon human beings as patients, or by their description of doctors and their ways.

Much has been written about the influence, if any, of tuberculosis upon writing. Keats, Chekhov, Stevenson, and many others show the peculiar and vivid lucidity of observation and the sensitive skill in composition which are thought by some to be sharpened by tuberculosis.

The letters of Katherine Mansfield give a poignant picture of the fight of a human being against the fatal march of consumption. Her skill as a writer intensifies the picture of wonderful personal courage against hopeless odds. Reading such a document one realises how great a duty a doctor has in giving sympathy and moral support, even in cases

where the best he can do is to treat symptoms.

An equally poignant document is the "Journal of a Disappointed Man," by W. N. P. Barbellion. H. G. Wells, in his introduction, writes: "In this diary of an intensely egotistical young naturalist tragically caught by the creeping approach of death, we have one of the most moving records of the youthful aspects of our universal struggle." The disease was disseminated sclerosis, and rarely has such a condition been so well described from the inside by a layman. On April 26 he writes: "In a horrible panic—the last few days—I believe I am developing locomotor ataxy. One leg, one arm, and my speech are affected." On April 30 he describes his visit to a well-known nerve specialist. "He chased me round his consulting room with a drum-stick, tapping my nerves and cunningly working my reflexes." His interests, biological, literary, musical, and human, are vividly described in the Journal. The girl E. who married him did so in full knowledge of the hopeless outlook, although Barbellion never knew this. The record of her loyal courage in the losing fight is a heroic monument to womanly devotion. The book is a vivid example of the suffering, and the hopes and fears, of both patients and of their relatives. It describes the tragic background common to innumerable medical cases, a background which so many doctors ignore or take for granted.

Books about doctors are either imaginative or factual. Perhaps the best story of a general practitioner is "Middlemarch," by George Elliot. The eager scientific young man, Lydgate, comes to the town and is caught up in its life. He had "the medical accomplishment of looking perfectly grave whatever nonsense was talked to him." He was keen on scientific medical development and was drawn into local politics when the question of the foundation of a new hospital arose. "A fine fever hospital in addition to the old infirmary might be the nucleus of a medical school here, when once we get our medical reforms."

The greatness of the book is largely due to the sympathetic study it makes of Lydgate's character. It tells how the ambition and professional fire are gradually damped and rendered inert by his marriage to the

beautiful, selfish, rather stupid and stubborn Rosamond. Besides this it gives a detailed and fascinating picture of country general practice and of English provincial society of 1860. The human problems, whether personal, or concerned with local politics, are as pertinent today as they were ninety years ago.

"The Memoirs and Letters of Sir James Paget," edited by Stephen Paget, is a fascinating book. His long apprenticeship at St. Bartholomew's is a unique record of patience, fortitude, hard work and scientific achievement. It is a book fairly easily picked up second-hand, and to those interested in the career of a renowned member of the Staff and in the not-so-distant history of the Hospital it makes a vivid appeal. One knows so well the problems and the ambitions described. He was a great scientist, a great clinician, and a great man.

Osler's life, by Harvey Cushing, is another magnificent human medical record. In it one can read of the birth of modern American medicine. Osler's story carries on at a later stage the story of the growth of medicine as a science. His textbook was one of the fountain-heads of modern therapeutics, for John D. Rockefeller, reading it during convalescence, asked "Why is there so little about treatment?" Osler, of course, had only described those few methods of therapy really known at that time to do good. Rockefeller's generous reaction was the inauguration of the Institute and of the Foundation, to which the whole world owes a limitless debt.

Osler was a great humanist. His story, telling of his boyhood days in Canada, his life as a young physician in Toronto, his mature achievement as professor and teacher at Johns Hopkins, and his triumphant evening as Regius Professor at Oxford, is full of a vigorous humanity. He carried into medicine a fellowship between teacher and student, and between physicians themselves, which lives as a vital and cherished tradition.

It is good in these more regimented days to be reminded of men who faced the world as adventurers and individualists, and whose hard-bought victories were unselfish and generous. Ministration, not Administration, was their watchword, and it must remain ours if Medicine is to keep its finest traditions pure, vigorous, and beneficent.

STOKE MANDEVILLE

By DUNCAN P. THOMAS

In a quiet corner of Buckinghamshire, just outside Aylesbury, is a hospital which is the largest of its kind in the British Commonwealth and in Europe. This hospital is the Spinal Injuries Centre at Stoke Mandeville, acknowledged as one of the world's foremost institutions for the treatment and rehabilitation of paraplegics. That it has reached this leading position in the relatively short time since its inception is very largely due to the work of Dr. Ludwig Guttmann, who started the Centre in 1944. Dr. Guttmann, who came to this country before the war as a refugee from Nazi Germany, is today Neurological Surgeon-in-charge at Stoke Mandeville.

To deal with the spinal injuries among World War II casualties, the Ministry of Pensions set up this special centre for these tragic and hitherto neglected cases. Instead of being left in chronic sick wards, where

nobody had the time or special knowledge to rehabilitate paraplegics, they were collected together so that new and better methods of treatment could be evolved. Guttmann started at Stoke Mandeville with one patient; today there are 125 beds in the hospital, and more are needed. Some idea of the progress that has been made in the field of spinal injuries can be gained from the fact that in World War I, the mortality rate among paraplegics was 80 per cent, whereas towards the end of World War II it was under 10 per cent. Comparatively few years ago, the life-expectancy of patients with a transverse lesion of the spinal cord was a short and dismal one. Today, patients who have been treated at Stoke Mandeville or one of the daughter-centres around the country, can in many cases reasonably look forward to eventually taking their places as useful and self-sufficient members of society.



Patient with gunshot injury to the spine with complete transverse lesion at Th.10. Profound emaciation on admission to the Centre nine months after injury.



Patient after five weeks' treatment.

There are many difficult problems in the treatment of paraplegics, and certain aspects of their care, such as the nursing and physiotherapy, have especially to be of the highest order. We shall here merely indicate some of the medical problems peculiar to the treatment of paraplegics, and how they can be overcome.

Bedsore

The problem of adequate nutrition is of vital importance in cases of spinal injuries. Frequently, patients arriving at a Spinal Centre are so emaciated from bad bedsores and severe urinary infection that their appearance is reminiscent of the victims of Belsen. Treatment is directed towards stopping as soon as possible the great loss of protein from the bedsores and the accompanying urinary infection. Vigorous steps must be taken to heal the bedsores (*vide infra*) and the patients are put on a special high-protein diet. Guttman (1949a) regards blood transfusion as imperative in paralysed

patients with signs of nutritional deficiency and septic conditions, as being the most effective way of overcoming these states. It has been found that transfusions with cell suspensions in saline are more suitable for these cases, as they give less undesirable side-reactions than do whole blood transfusions (Walsh, 1952).

The prevention of bed sores in chronic cases is the bane of a nurse's life. This is, of course, especially so with spinal injuries. As a result of circulatory disturbances in the peripheral vascular system, there is a lowering of tissue vitality and of tissue resistance to pressure. The resulting sensory loss in spinal injuries also plays a very important part, as the patient feels no sense of discomfort, and ceases to ease automatically his position. For these reasons, the paraplegic is the most prone of all chronic cases to bedsores, and these can be one of the most distressing features of the condition. It is often said that no matter how good and conscientious is the nursing, it is almost impossible to avoid bedsores in chronic cases. That this is not necessarily so has been conclusively demonstrated at Stoke Mandeville. The cardinal method in Guttman's régime of prophylaxis against bedsores is *change of posture* (Guttman, 1948). Every effort is made to avoid long-continued pressure on the bony prominences, and the patient is turned every two hours of the day and night. The pressure of the body is redistributed by padding the bony prominences and nursing the patient on a special mattress. These measures must be carried out from the start, as bedsores may develop in spinal cases within a matter of hours of the injury. Plaster jackets of any kind are avoided as being conducive to the formation of bedsores.



Patient after thirteen weeks' treatment.

With persevering treatment even the worst bedsores are healed in time, and as with prophylaxis, pressure must be removed from the sores as much as possible. Necrotic tissue is excised, daily saline dressings are applied and antibiotics are given to counter infection. Even when the patient has no sores, it is very important that he be trained to become "sore conscious." For example, he is told to pay great attention to bony prominences in paralysed areas, and to avoid sitting on hard surfaces. When he sits in a chair he is told he must raise himself up every 10 or 15 minutes to relieve the pressure.

Bladder Care

The care of the bladder is of supreme importance in the treatment of paraplegics. The position is summed up by Guttman (1948): "Neglect and inadequate treatment of the bladder are the commonest causes of death of paralysed patients." The aim of bladder treatment in these cases is eventually to restore efficient micturition by normal channels, with as little residual urine and incontinence as possible. Thus as far as possible, damage to the bladder and urethra by instrumentation must be prevented, and an ascending infection of the urinary tract postponed. When this latter occurs, as it eventually and inevitably does, the infection has to be energetically treated.

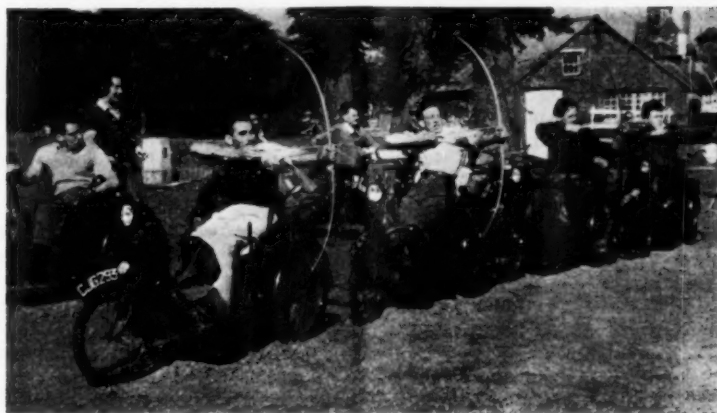
In the initial stages after spinal injury, some form of bladder drainage has, of course, to be instituted. For preference, urethral catheterisation is carried out, unless the urethra itself is damaged, when a high suprapubic cystostomy is done. At first, intermittent catheterisation is performed using a "non-touch" technique, and this is followed by an indwelling catheter with tidal drainage. After about two months, the automatic function of the bladder returns, and the indwelling catheter can be removed. Until the detrusor action is powerful enough to empty the bladder, intermittent catheterisation is performed.

When a patient leaves hospital he is told how to recognise the symptoms of an active urinary infection. If, for example, he feels "off-colour," is losing weight and appetite and has abdominal discomfort, then he knows he must at once report back to hospital. It has been found that most paraplegics can be trained to an awareness of the degree of fullness of their bladder by recognising certain sensations associated with bladder distension. Thus the patient may feel pain or burning sensations in the suprapubic and surrounding areas. In high lesions of the cord, bladder filling tends to be accompanied by such phenomena as shivering, hot flushes in the face and neck and slowing of the pulse, which are reflex autonomic mechanisms resulting from bladder distension. The patient also gradually learns to urinate reflexly by using certain trick mechanisms for starting micturition, such as rubbing the thigh or squeezing the suprapubic region. With such training, one of the main handicaps of a paraplegic can be minimised.

Physical Rehabilitation

When the initial stage of spinal shock is over, the physical rehabilitation of the patient can be commenced. It is at this stage, particularly, that the application of good physiotherapy is essential. It is of great importance to prevent contractures and atrophy; the limbs must be kept in the correct position and passive movements carried out. The painful flexor spasms that paraplegics may develop can make life well-nigh intolerable. There are certain recognised initiators of these spasms, such as a distended bladder or colon, and as far as possible these states are avoided or remedied without delay. In intractable cases where the lower limbs are in permanent flexor spasm, surgical procedures can be adopted. An intramedullary injection of alcohol into the thoraco-lumbar junction of the cord immediately and dramatically abolishes the most violent flexor spasms. However, the effect may gradually wear off, when it may be necessary to repeat the procedure.

The training of normal parts of the body in compensatory adaptation plays a very important part in the physical rehabilitation of these cases. By means of such training, normal muscles having a synergistic action in relation to the paralysed muscles can in part compensate for their loss. The normal muscles can also be trained to assist in the readjustment of the vasomotor control to postural changes. Most important of all is the over-development of those muscles which are essential for the patient's upright posture. After months of this treatment it is common for the patient to have trunk muscles that would do credit to a Hercules! For training the patients to walk, the key muscles are the abdominals, latissimus dorsi and trapezius. Because of their direct or indirect (through the lumbar fascia) attachment to the pelvis, these muscles can be trained to tilt the pelvis; with leg supports, limited walking is then possible. As an example, it is possible for a patient with a transverse lesion even as high as T1 to be trained to carry out rudimentary walking. The latissimus dorsi muscle, innervated from the cervical region of the cord and inserted through the lumbar fascia into the pelvis, can be trained to work from its anatomical insertion. Thus with a fixed arm as its functional origin, a greatly hypertrophied latissimus dorsi can assist in tilting the pelvis upwards. This is only one example of how a knowledge of "functional" anatomy



Patients at Archery practice

can be utilised to assist these patients. Though the amount of actual walking that a paraplegic can perform may be very limited, the adoption of an upright posture, even if only for short periods, is of immense psychological value.

Sport

One of the most important features evolved in the treatment at Stoke Mandeville is the part played by sport in the active rehabilitation of paraplegics. It might well seem paradoxical at first to associate paralysed patients with sporting activities, but it is in fact possible to adapt such games as archery, netball, javelin-throwing, badminton and billiards to the disabilities of paralysed patients. Of these games, archery and netball have been found to be particularly valuable as games suited for paraplegics. Such sports are, of course, of great benefit in encouraging an interest in activities which help the patient to over-develop the muscles of his arms and trunk, thus enabling him to acquire a certain degree of mobility and self-sufficiency. Guttman has gone to great trouble to foster competitive spirit in the world of paraplegic sport. An annual sports day is held regularly at Stoke Mandeville, with teams from the various centres and convalescent homes competing against each other. Great interest is taken by the patients in such competitive activities, and the degree of proficiency which is attained has to be seen to be believed. Incredible though it may

seem, teams composed of able-bodied people, when competing with paraplegic teams at wheelchair polo or netball—even though these able-bodied people are expert in the use of a wheelchair—have invariably been beaten. It is easy to appreciate the effect such performances have on patients' morale.

It has been found that archery is a peculiarly suitable sport for paraplegics (Guttman, 1949b). Two of the main reasons for this is that it over-develops those muscles of the trunk and shoulder which guarantee the upright position of the patient, and the amount of exercise can be varied to suit the individual, by increasing the pull-weight of the bow. In addition, the patient does everything for himself, as nothing is mechanised. Guttman even envisages the day when the disabled persons' equivalent of the Olympic Games will be held! But perhaps not the least valuable of these and similar activities is the encouragement it gives to the newly affected paraplegic, who on arriving at the Centre often and understandably has little interest in life. The whole atmosphere of the hospital is one that discourages self-pity. The patients are made to feel that, even with their terrible disability, they can achieve a degree of recovery sufficient to prevent them being the great burden to their family and friends they at first feared they would be. By seeing and hearing of the remarkable recoveries of his fellow-sufferers, the new entrant to Stoke Mandeville cannot fail to be heartened and encouraged.

After-Care

As soon as patients have recovered sufficiently, they are taught to become proficient in a skilled trade such as watch-repairing, engineering or draughtmanship. While in most cases it is not possible for the patient to return to his former occupation, every effort is made to enable him to acquire a new skill, in which his disability is not an insurmountable handicap. In this way, as they become able to earn their own living, patients develop increasing confidence in their powers of self-sufficiency. The aim of treatment is that when a paraplegic leaves his treatment centre, not only will he have achieved a measure of independence as regards his paralysis, but he will also be largely economically self-supporting. Eloquent testimony is given to the success of the methods employed at Stoke Mandeville by the fact that of the 700-odd patients treated there since 1944, approximately one-half now live at home, and most of them do some form of work. This in itself is a measure of the advances in treatment over the past ten years; no longer are paraplegics left as hopeless chronics. Nor is the paraplegic forgotten when he leaves hospital. Apart from periodic check-ups at a spinal centre, he keeps in touch with the paraplegic world by means of *The Cord*, an excellent monthly journal which gives news of activities at the various treatment centres around the country. The accounts it gives of how individual paraplegics the world over are overcoming their disabilities and adapting themselves to a new life make inspiring reading.

Conclusions

In this brief account, an attempt has been made to demonstrate how the treatment of the once-neglected paraplegic is being carried out today, notably at one world-famous centre. But much that has been learnt is still not sufficiently widely known in the medical world, as evidenced by the fact that at Stoke Mandeville "Belsen" cases are still received, even from the teaching hospitals. Undoubtedly, the best solution would be for recently paralysed patients to be sent as soon as possible to a Spinal Injuries Centre. Unfortunately, because of a waiting list this is not always possible. But it has been shown what can be done, and it is worth remembering in this connection one of Guttman's maxims, that "no paraplegic is a hopeless case, unless the doctor is hopeless." And cases like that of the paraplegic from Stoke Mandeville who graduated in law at Oxford stand as examples of what will-power and courage, aided by proper medical treatment can achieve.

I would like to thank Dr. L. Guttman for his assistance.

REFERENCES

- Guttman, L. (1949a) *Brit. Surg. Practice*, 6, 445
Butterworth, London.
—, (1948) *ibid*, 2, 65.
—, (1949b) *Physiotherapy*, October.
Walsh, J. J. (1952) *Brit. Med. Journ.*, 2, 811

Photographs from *British Surgical Practice*, by courtesy of Butterworth and Co., Ltd.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

Long Vacation, 1952

2nd B.M. Examination

Forensic Medicine and Public Health

Best, R. W. G. P.
Rewcastle, R. M.

Cameron, A. E.
Ross, J. G.

Special and Clinical Pathology

Best, R. W. G. P.
Rewcastle, R. M.

Bateman, J. G.
Ross, J. G.

UNIVERSITY OF CAMBRIDGE

Examination in Pharmacology for Medical and Surgical Degrees.

Eminson, B. I. F.

Spink, F. R.

Michaelmas Term, 1952

CONJOINT BOARD

Final Examination. October, 1952

Pathology

Allan, R.
Beatley, W. M.
Brown, I. P.
Brown, J.
Caiger, V. G.

Caldwell, A. M.
Castell, E. C.
Jones, B. S.
McAdam, B. N.
Marker, H. R.

Morgan, C. I.
Pearsons, D. E.
Penn, M. J. W.
Ryan, H. S. S.
Scott, H. G.

Shere, S.
Shire, G. M.
Southgate, B. A.
Taylor, G. I.
Thomas, P. I.

Medicine

Beatley, W. M.	Jones, H. D.	Penn, M. J. W.	Thomas, B. D.
Biddell, P. B.	Jones, H. S.	Shire, G. M.	Vince, A. A. P.
Chapman, W. H.	Kenney, P. M.	Stathers, D. N.	Watkins, D.
Gretton, A. H.	Maskell, J. F. A.	Stevenson, K. M.	Watmough, G. C.
Hick, B. D.	Newill, R. G. D.	Tabor, A. M.	

Midwifery

Beale, I. R.	Jones, H. S.	Mackinnon, K. E.	Watmough, G. C.
Clark-Wilson, L. J.	Kenney, P. M.	Ryan, J. F.	
Jones, H. D.	Luke, M. F.	Tabor, A. M.	

Surgery

Allan, R.	Harries, E. H. L.	Kenney, P. M.	Thomas, B. D.
Bartley, R. H.	Jones, H. D.	Stathers, D. N.	Watkins, D.
Gompertz, R. M. H.			

The following students have completed the examination for the Diplomas M.R.C.S., L.R.C.P. :—

Beale, I. R.	Kenney, P. M.	Stevenson, K. M.	Watkins, D.
Harries, E. H. L.	Ryan, J. F.	Tabor, A. M.	
Jones, H. S.	Stathers, D. N.	Thomas, B. D.	

OBITUARY

We record with deep regret the deaths of the following old Bart.'s men :—

John Weston Stretton, F.R.C.S., suddenly, on September 27, aged 64. He was educated at Cambridge and Bart.'s, qualifying in 1913 and taking the F.R.C.S. after the first World War. A year later he followed the family tradition and joined the Kidderminster and District General Hospital as surgeon. His grandfather had joined it in 1856, his father succeeded, and he himself completed nearly 100 years of family service.

He was a surgeon of a type that seems to be disappearing, the true general surgeon. He was able to apply his remarkable skill with equal ease to a bad fracture, to partial gastrectomy or to inguinal hernia (in which he had done much original work).

He was a man of high ideals, loved and respected by all who knew him, of truly Christian character and inflexible purpose.

To his wife and three sons we offer our deepest sympathy.

H. J. Burt-White, M.D., F.R.C.S., who died in tragic circumstances at Salisbury on October 20.

Harold Burt-White entered the Preliminary Science Course at St. Bartholomew's Hospital in September, 1918, from Epsom College. He showed an immediate and extremely keen interest in his work and it was obvious to all of us who shared this course that he, at least, was one who had found his vocation. In addition to an exceptional grasp of the book work, he displayed manual dexterity above average, and he was fortunate in the fact that he was ambidextrous, so that his practical work in biology and later in the dissecting room was of a very high standard. He won the Foster Prize in Anatomy and the Harvey Prize in Physiology at this stage and after taking the Primary Fellowship Examination in his stride he embarked on his clinical course. As a dresser to Mr. McAdam Eccles and Mr. Girling Ball, and later as their House Surgeon, he developed an outstanding surgical technique. He then became Intern Midwifery Assistant, and it was while occupying this post that he discovered an interest in obstetrics and gynaecology which was to persist throughout his career. He held various senior appointments at St. Bartholomew's and he was also elected to the staff of two outside special hospitals at an early age.

When all seemed set for outstanding success his career was suddenly cut short, and he spent five years in a professional wilderness. It says much for his courage at this time that he did everything in his power to preserve, and even to augment, his professional skill, and he took up his life again when his name was restored to the Register in 1937. The return path was by no means easy, although he was beginning to make headway up to the beginning of the war. He served in the Army as a Surgical Specialist and, on demobilisation, he settled in Salisbury where he was appointed Gynaecologist to the Salisbury General Infirmary. He suffered a severe

illness in December, 1950, and his recovery was never complete. During recent months he had been depressed and had felt that his surgical powers were failing. It was, no doubt, this feeling of physical deterioration which had a great deal to do with the tragic circumstances of his death.

Burt-White was a man of exceptional promise which was never fully realised but, in the earlier part of his career, he made valuable contributions to science, particularly in the field of the prevention of puerperal infection. J. M.

S. E. Crawford, F.R.C.S., at Palmerston North, New Zealand, on September 11. He was born at Weston-super-Mare in 1874 and emigrated to New Zealand to learn farming. But after a year he decided to return to England to study medicine. This he did at Bart.'s, entering the Hospital in 1897. He was a foundation member of the Hospital Dramatic Society.

He returned to New Zealand in 1905 and practised until he contracted poliomyelitis in 1928. After a break of ten years, in which he mastered a paralysed shoulder, he resumed practice, retiring in 1950.

W. P. Dyer, Surgeon-Commander, R.N., on November 5.

Edward Arthur Perram, M.D., at Teignmouth, Devon, on October 16, aged 88.

CORRESPONDENCE

THE CAT AMONG THE PIGEONS

To the Editor,
St. Bartholomew's Hospital Journal.
Dear Sir,

As an ex-Vice-President of the Students' Union I thought I must write you a line after reading your Editorial in the October *Journal*, and your paragraph on the last Coronation Ball.

During my time on the Students' Union Council the "A.R." was refurnished at great expense. It took months of hard work, but when finished looked as good as any club premises in London (we had a job to get approval for carpets, I remember. The view was expressed that students would stub their cigarette ends out on them. We argued that if we left the A.R. like a pig-sty one could not blame students for behaving like pigs, and we got the carpets!).

After the war I revisited Bart.'s when I returned from overseas. I was horrified to see the A.R. back in its previous pig-sty condition, and I left with a feeling of disgust that students were apparently so unable to look after themselves, and so disinterested in their own affairs that they could allow their quarters so to disintegrate.

Your leading article seems to indicate that the modern student is even less interested in his surroundings than he was in our day. Is it that students are working too hard to worry much about their environment, or is it that the post-war attitude of lassitude and "let-the-other-chap-do-it" is just as much in evidence in a Students' Union as it is in other spheres outside the Hospital?

It was always a source of annoyance that nurses and students had to be so segregated. Guy's students and nurses gave a magnificent Gilbert and Sullivan production each year, but our Amateur Dramatic Society (we did not run to an Operatic Society—we could not in the absence of nurses) had to search round for relatives and friends to take the female parts. Mind you, the Nurses' Dance, officially non-alcoholic, ran only

second to the Rugger Dance in its atmosphere of careless abandon—largely due to the emptying of about 100 hip-pocket flasks into the innocuous "cider cup" provided by our hostesses. Another example of repression finding an outlet!

The Coronation Ball was, I think, a great success (I have the programme before me as I write). It was about the second dance held in the Charterhouse Hall, and we spent hours trying to improve the floor; the walls and windows were very tastefully decorated to conform with the period in which the Hall had been built; the flood-lighting, carpeting, balloons and paper hats, etc., were added attractions, as was also a telegram from His Majesty thanking us for our expressions of loyalty sent to him before the Ball.

We worked very hard (I don't think we did any work for about a fortnight before the dance, and I can't remember much for a week afterwards!) and we had a £100 overdraft which the Students' Union had to pay off, but none of us would have missed it for worlds, and I am sure we shall always remember it.

I hope there will be another. The best Hospital should run the best Ball, and surely if it could be done then it can be done now. If it is, many of us "old boys" would appreciate an invitation.

Best wishes,
Yours etc.,

RONALD GIBSON.

51, Southgate Street,
Winchester.

To the Editor,
St. Bartholomew's Hospital Journal.
Dear Sir,

Your October Editorial has indeed set "The Cat Among the Pigeons." It complains bitterly that the social life at Bart.'s is so bad that a student entering the Hospital should be advised to go elsewhere if he wishes to become a "whole, sound, round-about man." Now, this is indeed a sweeping

criticism and it rests on the presumption that we must have very many more societies at Bart.'s, and that we should devote more of our spare time to one another's company if we are to attain to John Locke's Ideal.

The Editorial offers no reason for this supposedly deplorable lack of social life; but it is possible that it is because many students think that there is enough social life already and do not want any more. There are students who, after a day's work, a hurried meal in a crowded refectory and possibly a journey home in a rush-hour train, like to return home, go to their rooms, shut their doors and be alone. Alone to think, alone to read, and alone to write. All day long students are regimented and organised; they work together, they play games together, they eat together and in the evening some find it a good thing to shut themselves up, away from the crowd and away from society. The Editorial insinuates that the Bart.'s student is inferior to others because his notice boards are never full; but it is possible that this is because the Bart.'s student thinks more for himself and is more of an individualist than the gregarious student whose ways the Editorial advocates.

The Editorial goes on to complain that too few dances are held at Bart.'s, and endorses a letter criticising the Students' Union Ball. The letter advocates an all-night ball which the authors claim was wonderfully organised by another hospital. Now, it is very easy to criticise by saying "So and so does better than us; why can't we do the same?" But it would be interesting to know if the authors of this letter could produce all the exact details of the dance they mention. It would also be interesting to know just how many students want to dance until 5 in the morning. There are some students who think that four or five dances a year are quite enough. They think that a dance should end while everyone is still enjoying themselves and they do not like to go on, until nothing but alcohol will keep them going.

Last month's Editorial must have been depressing indeed for new students, but I hope that they realise that not all Bart.'s students think of our 829 years' history as a "cold, heavy weight," and not all Bart.'s students find it necessary to "Scotch Hop" in order to meet a nurse.

Yours truly,

F. J. C. MILLARD.

Abernethian Room,
Charterhouse.

GRAVITATIONAL ULCERS. A FORGOTTEN TREATMENT.

Dear Sir,

I am very interested in Miss Truda Wareham's article on the above subject in the September number of the *Journal*, p. 495, for several reasons. When I was a student, my father taught me how to treat this condition by the best ambulant method available in those days. He had published a paper in the *Lancet* in 1902.(1) In particular he taught me to bandage with unbleached calico, a difficult art, but wonderful support was

afforded if the bandage was put on properly by the doctor or his pupil.

As the result of Leduc's work in France (2 & 3) Lewis Jones introduced ionic medication (iontophoresis) into this hospital and into this country. In the discussion on a paper by him at the R.S.M. (4) Hartigan mentioned that he had had success in ulcers of the leg. In the days when one had to be an electrologist as well as a radiologist, I was working at the treatment of these ulcers at the Metropolitan Hospital. I did various controlled experiments with different basic ions. I found that zinc ions gave the best results with gravitational ulcers and mercury with gummatous ulcers (5). Healing occurred much more quickly than with any other treatment and apparently more quickly than with Miss Wareham's treatment. Relief of pain, after an initial exacerbation, seems to be just as great. In fact, by the time I left the Metropolitan Hospital, all the gravitational ulcers had healed, with one exception of multiple ulcers, which were diagnosed as gummatous. Years later I found this treatment most valuable in the treatment of late radium ulcers.

Now there is no reason why zinc ionisation should not be combined with the Physiotherapy and I am sure that healing will be much speeded up. As Lewis Jones was one of our most distinguished sons, it would be nice to perpetuate a treatment first introduced into Bart.'s. Details will be found in my paper, but I should be happy to furnish any further information on this subject, if I can remember.

I am, Sir,

Yours faithfully,

N. S. FINZI.

The Garth,
Cobham, Surrey.

References:

- (1) Finzi, J. M., *Lancet*, 1892, V.I., p. 1297.
- (2) Leduc, Congress of Electrobiology, Paris, 1900.
- (3) Leduc, *Gazette Medicale de Nantes*, 1901.
- (4) Lewis Jones, *Proc. R.S.M.*, Feb. 28th, 1908.
- (5) Finzi, N. S., *Proc. R.S.M.*, May, 1909.

RAHERE'S CAMPANOLOGISTS

Dear Sir,

May I offer my congratulations to the Bart.'s bell-ringers on their recent performance at St. Bartholomew-tide.

Bell-ringing is a good relaxation for the medical man, for not only is the mind fully occupied but also some slight physical effort is involved. It also has the merits of only having a short closed season during Lent!

Incidentally, I have found it very useful as a congenial treatment for the adolescent asthmatic patient. The mind is diverted from his condition and the movements involved increase the vital capacity of the chest.

Yours sincerely,

L. S. CASTLEDEN.

Dunmow,
Essex.

SPORT

Squash

Bart's were eliminated from the United Hospitals' Cup, losing to U.C.H. by 3 matches to 2. The defeat was as honourable as the score suggests and only several points separated us from victory.

Roberts, at No. 1, was outclassed by a University player, whose superb drop-shots largely contributed to his comfortable win. Murrell, the captain, won a long struggle by 3 games to 2 in which some of the rallies lasted minutes. He deserved his win by virtue of his superior stamina and court speed.

Bush could not get into his stride until the later stages of his match, and so was defeated in straight games.

Nicholson won his match without losing a game. He played intelligently and economically and never allowed his opponent to settle down.

Burrows lost what proved to be the "decider" by 3 games to 2, after being 2 games down. He led 7-6 in the final game, but his last desperate effort just failed. A broken racquet and 2 points cost us a place in the next round.

Rowing: United Hospitals Regatta, 1952

The Regatta this year was a disappointment in that we failed to retain the cups which we have held for the past two years; but we were certainly not disgraced.

Only three of last year's winning crew were available and consequently we had to train a new crew from scratch with resulting delay in getting started. Considering how late we were in commencing training and the formidable opposition, it is surprising that we did so well against the crews of Blues and Olympic oarsmen which our opponents were able to get together. We could muster no oarsmen of repute, yet we gave every winner their closest race. Certainly St. Thomas's, packed with the elite of the rowing world, must have sighed with relief on sighting the winning post which they passed only a third of a length in the lead and with our bows gaining on them every stroke.

Middlesex Hospital, with two Olympic oarsmen in their senior four, were also made to fight every inch of the way before scraping home by three-quarters of a length over our senior four.

The second eight might have won a cup for us had they been lucky enough to draw the Surrey side of the river. In the final of the junior eights, against St. Thomas's, they were leading most of the way but coming into the last straight St. Thomas's had the advantage of the stronger current and just won by a quarter length.

Both junior fours had to contend with a Westminster Hospital crew containing four Henley veterans, and both were beaten by the same distance, two lengths. However, the stern four of our second eight were revenged on their opposite numbers in St. Thomas's second eight when they beat them in the junior fours.

We were honoured that Dr. Spence was asked to give away the cups, and sympathise with him for being unable to present any to his own Hospital.



The successful Rugby IV.

The Rugby four provided us with our only victory; in spite of a series of "crabs" they beat the London Hospital in the final.

However, we are not discouraged. The fact that we were able to compete on equal terms with crews packed with Blues, Olympic oarsmen and Olympic trialists, shows that we have some good oarsmen in Bart's. Most of these have at least three more years in the Hospital. Whereas other hospitals will now disband their crews and give up rowing, we shall start planning for victories next summer.

The Annual Dinner after the regatta was the usual success; we were glad that our President Mr. O. S. Tubbs was present, as also were Professor Franklin, Dr. Coulson and "Ham" Ward, who coached us so well.

On Saturday following the Regatta the first eight visited Cambridge and raced against Queens' first eight on the Cam, whom they defeated by one-and-a-half lengths on a five minutes' course. This visit to Cambridge has become an annual event; for the past two years the flag has been shown in competition with Clare.

1st Eight—J. M. Gray (bow), P. E. Mann, P. J. G. Smart, C. C. H. Dale, J. F. G. Pigott, D. H. Black, C. N. Hudson, D. Fairbairn (str.), R. J. Blow (cox).

2nd Eight—J. W. Maltby (bow), R. E. Nottidge, C. J. W. Hunter, R. W. Beard, R. I. D. Simpson, G. D. Langham, J. D. Salmon, B. P. Harrold (str.), R. Rothwell-Jackson (cox).

3rd Eight—W. G. Harris (bow), M. A. Bedford, P. J. Fenn, T. W. Bolton, M. F. D. Burton, T. A. Evans, R. P. Doherty, T. P. Ormerod (str.), M. G. Kieley (cox).

Senior Four—C. N. Hudson (bow—steers.), C. C. H. Dale, J. F. G. Pigott, D. H. Black (str.).

Junior Four "A"—R. I. D. Simpson (bow), G. D. Langham, J. D. Salmon, B. P. Harrold (str.), P. A. Clark (cox).

Junior Four "B"—R. W. Beasley (bow), E. J. R. Rossiter, A. H. Luscombe, I. H. Backhouse (str.), M. A. R. Manhire (cox).

Rugby Four—A. D. M. Thomas (bow), E. D. F. Gagne, J. M. Jones, J. F. Pearce (str.), C. Charlton (cox).

Junior Sculls—R. G. D. Newill.

Rugger**Bart's v. Old Cranleighans. Won: 9-0**

Bart's took the field at Thames Ditton undeterred by their opponents' undefeated record against St. Mary's Hospital and Moseley. The Bart's forwards put real punch into the first five minutes of the game and settled down to winning the ball from the line-outs and loose scrums. Mackay gave good service to a new fly-half, Murphy, and made some fine dashes from his forward's feet woefully unaccompanied. Davies opened the scoring with a brilliant penalty drop kick to give the lead. This enthused forwards and three-quarters to combine, but two tries were lost by a faulty "last pass." Half-time: 3-0.

The second half meandered for a while, until Badley backing up well took an inside pass from the Welsh wing, Phillips, to cross the line for a try. Bart's had tasted blood and while the referee was raising sufficient pressure to blow the final whistle, Lammiman was over after a good run by Davies for a further try.

Cohen played a great game dazzling the opposition with runs in the calibre of a burly three-quarter. Fitness and team-work would take Bart's far this year, for the material is there.

Cornish Tour**The Pirates, Penzance v. Bart's. Lost: 8-5**

Five minutes before the final whistle the crowd was brought to its feet yelling for "St. Bart's," "the Lilywhites," as the hospital wear new shirts for this match. From a quick heel, the only quick heel, the ball reached the centres, Hackett burst through the defending line, sidestepped the full-back and two corner flagging forwards to score under the posts.

At the beginning of the match, play moved rapidly from one end of the field to the other by forward rush and counter rush. The Bart's line was menaced on several occasions and Penzance would doubtless have scored but for the energetic covering and fine relieving kicking of M. Davies. For the first half the play was mainly dictated by Penzance, who soon realised that they were not playing a "local Derby" against another Cornish club, and started to open up the game, giving their outsiders a lot of the ball. The first score followed a clever run by the pirate chief, Richards, playing at outside half; running across the field he cut through and then found his wing with a long pass, for him to score in the corner.

The hospital outsiders were paralysed by very slow heeling, both in the tight and the loose; also in the lineouts, although Bart's almost invariably caught the ball, it then disappeared under a pile of forwards, finally to reappear in the opposing scrum.

In the second half Bart's were much steadier, but Penzance were making most of the running, and it was Richards again who found a gap in the defences which both he and the centre went through, to score near the post. Then Bart's woke up and began to play together. Following the Hospital's try in the last few minutes, the pirates' lot was not a happy one.

St. Luke's College, Exeter v. Bart's. Lost: 3-24

Playing against what is reputed to be one of the strongest sides in the West Country, Bart's were

outplayed by a faster and fitter team whose backs gave a classical display of three-quarter play.

In the forward tussle, which was very rugged, Bart's did well against their heavier opponents and the front row of Macadam, Knipe and Bliss deserve mention for getting the ball back as many times as they did. Their task was made no easier by the loss of Phillips early in the game, Nicholson, a wing forward, having to take his place.

Burrows, playing his first game at full-back for the side, performed a difficult task admirably.

St. Luke's scored four tries in the first half, Davies replying with a good penalty. In the second half they scored three more tries and a penalty, all their points being scored by their backs.

Paignton v. Bart's. Won: 22-3

After a scrappy start with both sides fumbling the ball, Hackett, playing in the centre, forced his way through his opponents to score between the posts; Davies converted this try. Soon after, Davies, also in the centre, getting the ball from a loose maul on our line ran the whole length of the field to score a fine try in the corner; this was not converted.

The Bart's pack was quickly settling down to do some grand work in the loose—honours in the set scrums and line-outs were equally divided. The backs were also beginning to give a display of speed and penetration so sadly lacking in the side for so long.

At half-time the score was 8-6.

The second half started with an orthodox movement in the backs, Badley, playing on the wing, going over for an unconverted try. Scott-Brown, playing a good game at outside half, broke through to score right between the posts and converted the try himself.

Although the scoring so far was all Bart's Paignton did produce some dangerous movements; one of these enabled their scrum-half to scramble over from a loose maul following a line-out on our line. The score was now 16-3.

It was not long before Hackett again showed his worth by tearing through their side to score again. Charlton, at scrum half, getting the ball from a loose scrum, swerved his way through to go over near the posts—this try was again not converted. He was combining well with Scott-Brown, considering it was their first game together and was defending stoutly any break-throughs by the forwards.

The whistle for "no-side" went with the score of 22-3—a very satisfactory conclusion to an enjoyable tour. Worthy of special mention in this game were Cohen and Gawne in the forwards and Burrows, the full back, for another very consistent game.

Team: P. J. Burrows, B. W. Badley, M. Hackett, M. J. A. Davies, J. K. Murphy, G. Scott-Brown, C. A. C. Charlton, P. Bliss, P. Knipe, I. Macadam, J. M. Jones, M. H. Graham, J. R. Nicholson, E. D. F. Gawne (Capt.), L. Cohen.

Other Results**Bart's v. LX Club, Cambridge. Lost: 8-5****Bart's v. Aldershot Services. Drawn: 11-11****Bart's v. Woodford. Lost: 3-14**

BOOK REVIEWS

HENRY VIII: A DIFFICULT PATIENT, by Sir A. S. MacNalty. Christopher Johnson, 1952. pp. 202. Price 18s.

The greatest complaint one can have with this book is its title, which is misleading in the extreme. The few pages devoted to Henry VIII's medical history are far outnumbered by those given over to his foreign and domestic policies—as evidenced by whole chapters entitled "The Rule of Cardinal Wolsey," "The Divorce and Breach with Rome," "Henry VIII and Scotland," etc. Little that is new has been added to the work of Pollard and Chamberlin. No work of history should be without an index.

WESTMINSTER HOSPITAL. Two centuries of voluntary service, 1719-1948, by John Langdon-Davies. London, John Murray (1952). pp. xiv, 274 + 21 plates. Price 21s.

"GREAT ORMOND STREET," 1852-1952, by Thomas Twistington Higgins. London, for the Hospital for Sick Children, Odhams Press (1952). pp. 64, illus. Price 7s. 6d.

The spate of histories of hospitals continues, as if the introduction of the National Health Service marked the end of all possibility of individuality, and it therefore became necessary to place on record work accomplished before that upheaval. We now have histories of Westminster Hospital, and The Hospital for Sick Children, familiarly known as "Great Ormond Street."

The first is lavishly produced by the publishers, the printing, plates, binding and paper forming a worthily produced volume. Yet the text does not present a connected history of the Hospital. The facts are there, many in the form of tables, but it is difficult to trace the chronological history of Westminster Hospital and its staff. We have much social history, pen-pictures of some of the outstanding members of the staff, but others are relegated to the appendices, and do not even appear in the index. The latter is far from complete; Bart's does not appear therein, although it is mentioned at least six times in the text. John Snow, a student at Westminster, is mentioned for his connection with cholera, but his work as a pioneer anaesthetist is ignored; Sir Anthony Carlisle, George James Guthrie, William Richard Basham and a few others are more adequately dealt with, but one acquires the impression that the author is not intimately acquainted with the Hospital of which he writes.

"Great Ormond Street" is cast in a much slighter mould, but is well produced and adequately illustrated. Written by a surgeon who has served the Hospital since 1912, it reflects his extensive knowledge of his subject. Founded by a Bart's man, Charles West, the Hospital has attracted several of our distinguished physicians and surgeons to serve on its staff, including Sir Thomas Smith, Samuel Gee, and Hugh Thurstfield.

Before the foundation of "Great Ormond Street" there was little provision for children in hospitals in this country. They were mainly nursed at home, and only admitted to hospital as surgical cases, there being very few beds available for this type of patient, and only one hospital had

separate accommodation for children. Following the establishment of The Hospital for Sick Children in London, the provinces followed suit, and we now find these specialist hospitals in most of the larger towns.

Mr. Twistington Higgins has dutifully carried out his labour of love, and if we may be permitted one criticism, we suggest that despite its small size, the book is worthy of an index.

J. L. T.

APPLIED PHYSIOLOGY, by Samson Wright. Oxford University Press. Ninth Edition, 1952. pp. 1190, illus. 688. Price 50s.

This well-tryed physiology text has reached its twenty-sixth year and ninth edition and in including the advances in physiology since the war's end Professor Wright has written what is virtually a new book.

The first 130 pages are devoted to a consideration of the regulation of the constancy of the milieu intérieur, long appreciated and studied by physiologists, but only comparatively recently finding any clinical application in medicine. This chapter makes especially interesting reading and could be studied with profit by all clinical students, especially as a guide is given to those pages in the book dealing especially with clinical medicine. These pages, which have always been a notable feature of this book, make an excellent bridge between physiology and its applied aspects, and render the text of equal value to both pre-clinical and clinical students. Two hundred additional figures have been added to this edition.

Samson Wright easily retains its place among the three or four good physiology text books available to the student.

THE INFIRMITIES OF GENIUS, by W. R. Bett; Christopher Johnson. Price 18/-.

Dr. Bett is no novice in writing on subjects medical or biographical, as witness his biography of Osler, which is probably the best of a number on the subject. In "The Infirmitities of Genius" he has given us a series of short accounts of the lives and afflictions of a number of world-famous authors, in an attempt to relate these afflictions to the outstanding character of their writings. It is open to question whether he has proved his point in the case of all the brilliant men he has chosen to discuss, but it is eminently reasonable to conclude, for example, that Carlyle's impassioned diatribes were influenced by the ever-present gnawings he felt at his insides; or that Byron's cries from the soul emanated in part from the cruel reactions of people—including his own mother—to his congenital lameness. But it seems difficult to relate the tragic background of Lamb's life to his gentle and sweet-sounding prose; in fact, one would have expected it to engender a mood of sourness and despair; indeed, one wonders why Lamb is included in the selection at all, for apart from one nervous breakdown and his enjoyment of a good pipe and a good drink, his was a remarkably sturdy constitution, both in mind and in body.

Leaving aside, however, the arguments in the case, there is no doubt that Dr. Bett has given

us in this book a group of admirably written and thoroughly interesting sketches. If they read in parts somewhat like a list of statistics (as when he discusses Walt Whitman), yet in general the accounts flow easily along to a competent conclusion; and there is no doubt that his comments on the medical side are excellent. Not only the medical man, but also the layman should find this a readable and interesting book.

THE FOOT, by Norman C. Lake. 4th Edition, 1952, Baillière, Tindall & Cox, pp. vi+466, Figs. 166. Price 35s.

This book has been written to give an understanding of the "Evolution, Anatomy, Physiology and Diseases of the Foot in Theory and Practice." The author has managed this in the limited space available. The necessary compression means that the book is hardly "a standard text and reference book (omitting major orthopaedic procedures)" as the publishers claim.

However, this book will be of use to any one whose professional life brings them in contact with painful feet, as the common ailments are mentioned, and the author shows that there are alternative, well-reasoned theories as to their causes to the orthodox. The account of the evolution of the foot from the primitive pentadactyl limb to the present specialised support is well-done, the author presenting the different theories fairly. Throughout the illustrations are good, but why not print the negative X-ray plates? That little is really known and much guessed about the causes of various foot disorders is shown by the chapters on Hallus Valgus and Club Foot. However the treatment works, and the purchase price will soon be paid back in the gratitude of patients.

SYMPTOMS AND SIGNS IN CLINICAL MEDICINE, by E. Noble Chamberlain. John Wright. Fifth Edition, 1952., pp. 480, illus. 354. Price 35s.

This well-tried favourite has now reached its fifth edition and has been considerably revised and a number of new illustrations added. These retain their normal high standard.

The subject matter is attractively presented and makes much more interesting reading than one or two of the book's competitors. The student will learn a wealth of medicine from these pages.

FORENSIC MEDICINE, by Keith Simpson. Edward Arnold. Second Edition, 1952. pp. 344, illus. 131. Price 21s.

There is no book on forensic medicine to rival Dr. Simpson's. He has taken advantage of this second edition to bring some of the sections up-to-date and to replace a chapter on war gases by one on poisonous plants and fungi.

The illustrations are gruesome and excellent. The text is interesting in its presentation and exhaustive in its "coverage." There is forensic medicine in Finals, so you must turn to this some day.

THE CONTROL OF COMMUNICABLE DISEASES, by Hugh Paul, M.D., D.P.H., Harvey & Blythe, Ltd., London, pp. x+526. Price 55s.

This has been written by a medical officer of health in the hope that it will be of use not only to public health doctors, but also to other medical men, and Dr. Paul is to be congratulated on a book which is both valuable for reference



President : SIR ERNEST ROCK CARLING, F.R.C.P., F.R.C.S., F.F.R.

Established for the protection of the individual and collective professional interests of practitioners. Members receive advice and assistance in all matters affecting the practise of their profession (including the terms and conditions of service in salaried appointments), and are afforded UNLIMITED INDEMNITY against costs and damages in cases undertaken on their behalf. Estates of deceased members are similarly protected.

ASSETS EXCEED £120,000

ENTRANCE FEE: 10s.

ANNUAL SUBSCRIPTION: £1 for first three years for newly qualified entrants

£2 for members of more than two years standing

(No Entrance Fee payable by candidates for election within one year of registration)

Full particulars and application form from :

The Secretary, Dr. A. R. French, THE MEDICAL PROTECTION SOCIETY LTD.

VICTORY HOUSE, LEICESTER SQUARE, W.C.2

Phone : GERrard 4814 and 4553

and is most readable. The most satisfying control of communicable diseases rests on a knowledge of the epidemiology, and here the reader will find clearly stated, and at some length, present views on the causes and methods of spread of epidemic diseases. There are numerous statistical tables, and the accounts of outbreaks are in many cases taken from recent publications. It is unfortunate that the price of this book is likely to deter many who would have found it a useful and interesting addition to the bookshelf.

ESSENTIALS FOR FINAL EXAMINATIONS IN MEDICINE, by John de Sweit, M.D., M.R.C.P. 4th Edition, 1952, J. and A. Churchill, Ltd., pp. vi+183. Price 12s.

This is in no way a textbook, just a rather full aide-memoire. Though the style is at times telegraphic, the contents of the hundred odd articles are those facts that every student has heard and promptly forgotten. This book is well worth the 12s. it costs, though it differs in some places from Bart's teaching, for it will recall these forgotten facts the week before the examinations. The inclusion of two or three differential diagnoses for each disease is a very useful feature.

LUMBAR DISC LESIONS, by J. R. Armstrong, E. & S. Livingstone Ltd., pp. 228, 56 illustrations. Price 42s.

This book is well produced and deals with the anatomy and physiology of the lumbar discs and with the diagnosis, differential diagnosis and treatment of their lesions. The differential diagnosis is somewhat simplified and little mention is made of that large number of cases which fit with difficulty into any classification of low back pain.

Conservative and operative methods of treatment are discussed fully.

Operative treatment is advocated more frequently than in most clinics and manipulation of the spine viewed very critically. The operation performed involves inspection of L4-5 and L5-S1 discs, in all cases, through an approach involving a more extensive laminectomy than is performed by most surgeons.

SYNOPSIS OF TROPICAL MEDICINE, by Sir P. Manson-Bahr. Second Edition. Cassel & Co. Ltd., pp. 248. Price 15s.

Eight years have elapsed since the production of the first edition of this book, during which time research has brought to light many new facts about the diagnosis, aetiology, prophylaxis and treatment of tropical diseases. This second edition contains all that is relevant of those new facts. It is a true synopsis, neither a word or illustration is wasted and a satisfactory index helps towards quick reference.

BLAKISTON'S ILLUSTRATED POCKET MEDICAL DICTIONARY. Edited by Norman Hoerr and Arthur Osol. pp. 1,006, illus. 60. Price 20s. (H. K. Lewis).

After using this book daily for the past month I have always found a brief and clear explanation of any word referred to (and incidentally, the book remains open, without persuasion, at the page of reference). A two-hundred-paged appendix contains some useful tabulated information upon anatomy, blood constituents, diets, etc. Well worth twenty shillings.

LLOYD-LUKE (MEDICAL BOOKS) LTD.

MEDICAL & SCIENTIFIC
PUBLISHERS & BOOKSELLERS

THERE is a friendly atmosphere, and a word of welcome, in the Lloyd-Luke medical bookshop. The student who wishes to browse can do so—although we *hope* he will buy a book occasionally—and, what is more, no less than five bus routes from St. Barts. pass close by our door. Why not pay an early visit to this bookshop for the student?

TEXTBOOKS



JOURNAL SUBSCRIPTIONS

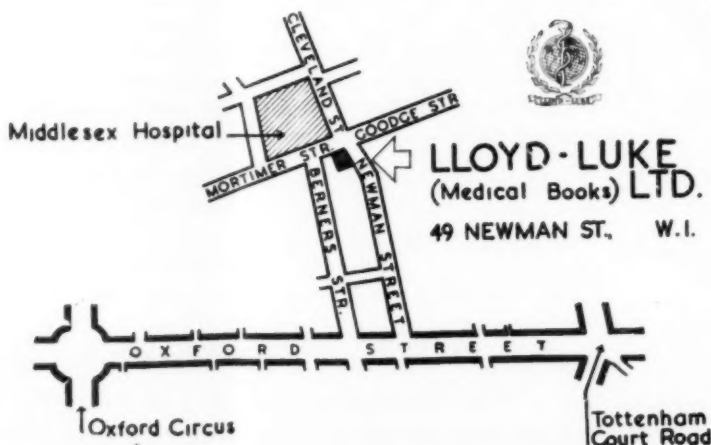


BOOK TOKENS



49, Newman Street
London, W.1.

Tel : Langham 4255





Three for SAFETY

'SULPHATRIAD' is supplied as follows

TABLETS Containers of 25, 100 and 500 x 0.50 gramme.

SUSPENSION Containers of 4 and 40 fl. oz.

(each tablet or fluid drachm of suspension contains sulphathiazole 0.185 gramme, sulphadiazine 0.185 gramme, sulphamerazine 0.130 gramme)

We shall be glad to send detailed literature on request.

'SULPHATRIAD'
trade mark brand
COMPOUND SULPHONAMIDES

The principle of lessening the risk of crystalluria by the employment of three sulphonamides in association being now well established, 'Sulphatriad' continues to be increasingly used in the treatment of infections by sulphonamide-susceptible organisms.

Information Service

In those fields of therapeutics in which there is greatest activity it is inevitable that standard text books are sometimes unable to keep pace with important developments. The medical student who wishes to keep abreast of such developments but cannot spare the time to consult original articles will often find that the publications issued by the

manufacturers of new drugs are of considerable value. Our Medical Information Division is at all times glad to receive requests for information from medical students. When writing it is essential to give particulars of your medical school and status (i.e. whether clinical or pre-clinical).

M&B Medical Products
are manufactured by



MAY & BAKER LTD

distributors

MA3765

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD DAGENHAM

BAILLIERE MEDICAL TEXTBOOKS

BAILEY'S HISTOLOGY

Twelfth Edition, revised by P. E. Smith, Ph.D., and W. M. Copenhaver, Ph.D. Pp. xviii+806, with 470 illustrations. Postage 1s. 6d. 54s.

BUCHANAN'S ANATOMY

Eighth Edition, edited by F. Wood Jones, D.Sc., M.B. Pp. viii+1,616, with 48 plates and 847 other illustrations. Postage 1s. 4d. 45s.

BIGGER'S BACTERIOLOGY

Sixth Edition, by J. W. Bigger, M.D., Sc.D., F.R.C.P. Pp. xii+548, with 4 plates and 109 other illustrations. Postage 1s. 20s.

GREEN'S PATHOLOGY

Seventeenth Edition, revised by H. W. C. Vines, M.D. Pp. viii+1,216, with 12 plates and 730 other illustrations. Postage 1s. 4d. 42s.

OPERATIVE OBSTETRICS

Fifth Edition, by J. M. Munro Kerr, M.D., F.R.C.O.G., and J. Chassar Moir, D.M., F.R.C.S., F.R.C.O.G. Pp. viii+960, with 370 illustrations. Postage 1s. 6d. 63s.

BALLIERE, TINDALL & COX, LTD
7-8 Henrietta Street, London, W.C.2

A wheatfield on your table?



...but

Vita-Weat

is whole-wheat goodness
in its handiest form!



PEEK FREAN'S Famous Crispbread



PROTECTIVE CLOTHING

Whatever your requirements consult Charles Baker, specialists for over 60 years in supplying the needs of the Medical Profession.

WHITE LONG COATS in fully shrunk drill .. 25/10

WHITE JACKETS 3 patch pockets, fully shrunk 20/6

SURGEON'S GOWNS in special lightweight material .. 28/3

DENTAL COATS Top Grade .. 41/3

Write for price list. If unable to call, order by post. State measurements required and enclose 1/- extra for Postage and Packing. Satisfaction Guaranteed.

Charles Baker

& COMPANY LIMITED

137-138 Tottenham Court Rd., London, W.1

TELEPHONE: EUSTON 4721 (3 LINES)



BY APPOINTMENT
SANITARY POLISH MANUFACTURERS
TO THE LATE KING GEORGE VI

RONUK LTD.
PORTSLADE, SUSSEX

RONUK

THE ORIGINAL
AND STILL BY FAR THE BEST' SANITARY

POLISH

FOR HOSPITALS & SIMILAR INSTITUTIONS

Awarded Gold Medal at 17th International Congress of Medicine—Nine Medals by Royal Sanitary Institute—Blue Seal Certificate of Royal Institute of Public Health and Hygiene.

Please mention the Journal when replying to advertisements.

Inhibiting the growth of moulds and bacteria..



DALZOBAND *the Unna's Paste-type* **BANDAGE that's** **always MOIST**

NOW in five distinctive kinds, based on zinc oxide, glycerine, sterilized refined glue, gum acacia, benzoic acid and water, with the addition of medications for specific treatments.

DALZOBAND is antiphlogistic, dehydrating, cooling. Widely used for treating phlebitis, oedema, eczema and chronic ulceration, especially of the legs.

DALMAS

Dalmas Ltd., Junior Street, Leicester
Telephone 65261

Branches in London, Glasgow and Belfast

Established as Plaster Makers to the Medical Profession since 1823

THE **MUNDESLEY** **SANATORIUM** **NORFOLK.**

Resident Physicians :

E. C. WYNNE-EDWARDS, M.B. (Cantab.),
F.R.C.S. (Edin.)

GEORGE H. DAY, M.D. (Cantab.)

Terms

Shared Double Room 13 guineas weekly
(Immediate Vacancies)

Single Room 16 guineas weekly
(Waiting List: Two Weeks)

For all information apply the Secretary :
The Sanatorium, Mundesley, Norfolk

The World's Greatest
Bookshop

FOYLES ★ FOR BOOKS ★

For All Your **Christmas Gift Books**

All new Books available on day
of publication. Secondhand and
rare Books on every subject. Stock
of over 3 million volumes.

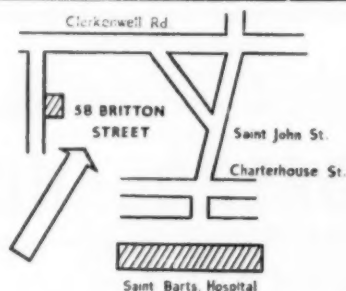
Subscriptions taken for British
and overseas magazines and we
have a first-class Postal Library.

119-125, CHARING CROSS ROAD,
LONDON, W.C.2.

Gerrard 5660 (16 lines)
Open 9 - 6 (Thurs. 9 - 7)

Two minutes from Tottenham Court Road Station

Please mention the Journal when replying to advertisements.



*Five Minutes Walk from the
Hospital to our Showrooms at*

**58, BRITTON STREET
E. C. 1**

*Where Barts Men are
cordially invited to inspect*
**NEW & SECONDHAND
INSTRUMENTS**

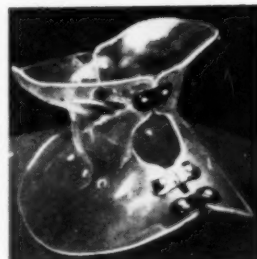
HATRICKS OF LONDON

Ask for Mr. George Gay

ESTABLISHED IN 1849

*Old in experience but young
in ideas*

**M. MASTERS & SONS LTD.
240, New Kent Road SE.1.**



THIS IS
OUR PLASTIC
CERVICAL COLLAR,
LIGHT IN WEIGHT
HYGIENIC TO WEAR
AND NEAT IN
APPEARANCE

*We manufacture all types of
ORTHOPAEDIC & SURGICAL APPLIANCES
and are anxious to cooperate with
doctors and surgeons to design the correct
appliance for the individual patient.*

Phone: RODNEY 3441/2
ALSO AT LIVERPOOL AND BRISTOL

The DON

*Tailors and Hosiery
of*

28, HOLBORN VIADUCT E.C.1

are the approved stockists for the
following Bart's Colours :

TIES

Colours	12/3
Honours	12/3
Students Union	12/-
and in all silk	23/9
Striped	9/6
and in silk weft	12/6

SQUARES

Rayon	21/-
Silk Weft	35/-

SCARVES

Saxony	30/-
Striped wool	33/9

BADGES

Crested	30/-
Honours to order, price according to lettering.	

BLAZERS, etc., to order

VALUABLE BOOK FREE!

ARE YOU PREPARING FOR ANY MEDICAL,
SURGICAL, or DENTAL EXAMINATION?

"Guide to Medical Examinations"

Principal Contents :

The Examinations of the Conjoint Board.
The M.B. and M.D. Degrees of all British Universities.
How to pass the F.R.C.S. Exam.
The M.S. Lond. and other Higher Surgical Examinations
The M.R.C.P. London.
The D.P.H. and how to obtain it.
The Diploma in Anaesthetics.
The Diploma in Psychological Medicine.
The Diploma in Laryngology.
Diploma in Radiology.
The D.R.C.O.G and M.R.C.O.G.
The Diploma in Child Health.

Do not fail to get a copy of this Book before commencing
preparation for any examination. It contains a large
amount of valuable information. Dental Examinations
in special dental guide.

SEND FOR YOUR COPY NOW!

The Secretary,
MEDICAL CORRESPONDENCE COLLEGE,
19 Welbeck Street, Cavendish Square, London, W.1

Please mention the Journal when replying to advertisements.

YOUR OWN INSURANCE AGENCY

gives definite advantage to YOU . .

Independent and Unbiased Advice

Substantial Rebates

All profits to Medical and Dental Charities

ALL CLASSES OF INSURANCE

Life Pension Sickness Motor Household Education

Loans for the purchase of

HOUSES EQUIPMENT MOTOR CARS

and approved DENTAL PRACTICES a speciality



MEDICAL INSURANCE AGENCY Ltd.

B.M.A. HOUSE, TAVISTOCK SQUARE, (Chief Office), LONDON, W.C.1

Tel.: EUSton 5561-2-3

Chairman: James Fenton, C.B.E., M.D., D.P.H.

General Manager: A. N. DIXON, A.C.I.I.

Hon. Secretary: Henry Robinson, M.D., D.L.

EDINBURGH: 6 Drumsheugh Gardens, Manager for Scotland—R. Chalmers Fergusson
GLASGOW: 234 St. Vincent St., Manager—C. D. Pollard
LEEDS: 20/21 Norwich Union Buildings, City Square, Manager—R. H. Pill
BIRMINGHAM: 154 Great Charles St., Manager—L. G. Crouch
MANCHESTER: 33 Cross St., Manager—M. J. Spills, A.C.I.I.
DUBLIN: 28 Molesworth St., Manager—T. M. Gick
CARDIFF: 195 Newport Road, Manager—E. C. Freeman
NEWCASTLE: 16 Saville Row, Manager—N. Moffett



Speeding Recovery Almost every illness leaves behind it the problem of enervation. In Metatone the appetite-promoting properties of Vitamin B₁ are combined with the toning influence upon the nervous system of the glycerophosphates. Pleasant flavoured Metatone can be given safely during pregnancy and lactation and is also an excellent tonic for children.



METATONE

PARKE, DAVIS & Company Limited Inc. U.S.A.

HOUNSLOW, MIDDLESEX. Tel: Hounslow 2361

FORMULA

Each fluid ounce of Metatone contains:

Vitamin B ₁	3 mgm.
Calcium Glycerophosphate	4 gr.
Potassium Glycerophosphate	4 gr.
Sodium Glycerophosphate	2 gr.
Manganese Glycerophosphate	1/2 gr.
Strychnine Glycerophosphate	8/200gr.

Please mention the Journal when replying to advertisements.

IT IS SIGNIFICANT THAT

more

people are

smoking

du MAURIER

Every day more people — particularly those with sensitive palates — are finding how good it is to enjoy this fine cigarette knowing that nothing but cool, clean tobacco smoke can pass the filter tip. Here's a practical suggestion. Smoke du Maurier, and nothing else, for a week, **and see how well they suit you.**



CORK TIP IN THE RED BOX — PLAIN TIP (MEDIUM) IN THE BLUE BOX

Please mention the Journal when replying to advertisements.

HAMBLINS ELECTRIC OPHTHALMOSCOPES



THE LISTER-LORING OPHTHALMOSCOPE

No. 503

Hamblin's Lister-Loring Ophthalmoscope is the ideal general purpose Ophthalmoscope. It has the same 'Lister' lighting system which has made the 'Lister-Morton' the accepted standard amongst self-luminous instruments. In place of the long 'Morton' lens race, however, it has the 'Loring' wheel of 23 lenses; this simplification results in a material lowering of the price.

DIAGNOSTIC SETS

A number of Diagnostic sets incorporating Hamblin's Ophthalmoscopes are available, including:

No. 305a. The Lister-Loring Ophthalmoscope with an electric auriscope and three specula, in well-made case.

No. 515a. Hamblin's 'Student' Ophthalmoscope, the Loring-Marple, with an electric auriscope and three specula, in case.

No. 495a. Hamblin's Lister-Morton Ophthalmoscope with auriscope and three specula.

More extensive sets, including other diagnostic instruments, are also available.

**THEODORE
HAMBLIN LTD**
DISPENSING OPTICIANS
15 WIGMORE STREET,
LONDON, W.1



Well covered..

ADEQUATE PROTECTION

brings peace of mind;

Supplementary Units

cost little and are

readily convertible.



Supplementary UNITS POLICY

CLERICAL, MEDICAL & GENERAL LIFE ASSURANCE SOCIETY

Chief Office:

15, ST. JAMES'S SQUARE, LONDON, S.W.1
Telephone: WHITEhall 1135

City Office:

36/38 CORNHILL, LONDON, E.C.3
Telephone: MANsion House 6326

Please mention the Journal when replying to advertisements.

ROYAL ARMY MEDICAL CORPS

SHORT SERVICE AND REGULAR COMMISSIONS

The War Office invites applications from registered medical practitioners, men and women, for **SHORT SERVICE COMMISSIONS** in the Royal Army Medical Corps, for a period of 8 years of which from 2 to 8 years is on the active list and the balance on the reserve. Civilian applicants liable for service under the National Service Acts are not accepted for less than 4 years on the active list. Extensions up to a maximum of 8 years on the active list are admissible. Appointment is in the rank of lieutenant, with promotion to captain after 1 year's service. An unmarried applicant with no previous service receives initially total emoluments of approximately £754 a year, rising to £864 a year on promotion to captain. This rises to £919 a year after 2 years as a captain, to £964 a year later, to £1,019 after a further year and to £1,074 after 6 years in captain's rank. Married male officers aged 25 years of age receive about £137 a year more. Antedates of up to 2 years for civil experience in the hospital field may be given. Applicants appointed for 4 or more years on the active list are eligible after 6 months total service for specialist training. Those appointed within 12 months of leaving superannuable employment as medical practitioners on the staff of an employing authority under the National Health Service may continue contributions during the active list period of their short service commission and preserve their superannuation position. On satisfactory termination of active list service, officers not appointed to a regular commission, are eligible for gratuities ranging from £450 for 3 years up to £1,200 for 8 years active list service.

Male officers may apply for **REGULAR COMMISSIONS** on completion of 6 months as a short service medical officer. Previous full pay service as an R.A.M.C., medical officer counts towards seniority, increments of pay, promotion and pension. Regular commissions are not available for women. Regular officers retire at ages varying from 53 to 60 years, the majority at 57 years of age. Rates of retired pay varying from £500 to £1,200 a year, the majority getting £875 a year. Officers eligible for full retired pay qualify for a terminal grant up to £1,000.

Further details may be obtained on application to the War Office (AMD 1), Lansdowne House, Berkeley Square, London, W.1. Visits to the above address (Room 130) will be welcomed. Telephone GROsvenor 8040, Extension 548.

ROYAL ARMY MEDICAL CORPS SHORT SERVICE (SPECIALIST) AND REGULAR COMMISSIONS

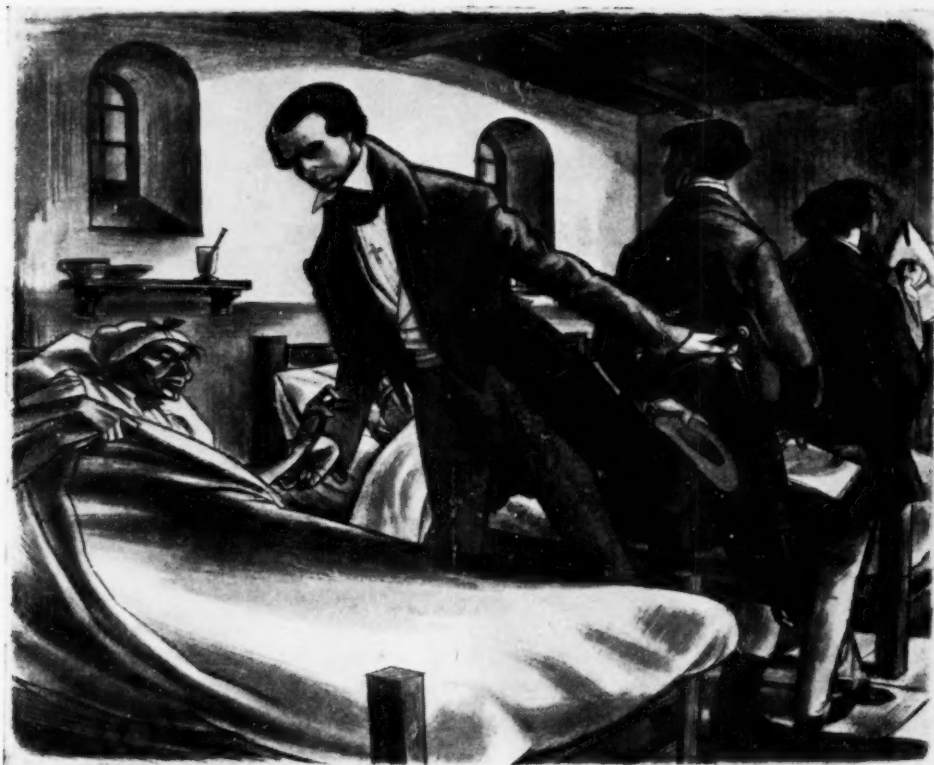
The War Office invites applications from registered medical practitioners, men and women, for **SHORT SERVICE (SPECIALIST) COMMISSIONS** in the Royal Army Medical Corps, for a period of 8 years of which from 2 to 8 years is on the active list and the balance in the reserve. Extensions up to a maximum of 8 years on the active list are admissible. Commissions as specialists are granted to doctors experienced in anaesthetics, army health, medicine, psychiatry, radiology, surgery, orthopaedic surgery and medicine. Civilian applicants should have been qualified for 7 years, and have been engaged in wholetime practice of their speciality for 5 years and should hold an appropriate higher qualification in their speciality. Released medical officers, including women, should have been classified during previous military service as specialists or should fulfil the requirements outlined above. They will after 3 months' service be granted the temporary rank and pay of major.

Short service specialist officers receive qualification pay and will, on being granted the temporary rank of major if single, receive total emoluments of approximately £1,329 a year, or if married £1,466 a year. Pay is increased by £55 a year on completion of two years in the temporary rank of major. Previous service on full pay, as a R.A.M.C., medical officer in the rank of major counts towards three increments of pay. Antedates of up to 2 years for civil experience in the hospital field may be given. Applicants appointed within 12 months of leaving superannuable employment as medical practitioners on the staff of an employing authority under the National Health Service may continue contributions during the active list period of their short service commission and preserve their superannuation position. On satisfactory termination of active list service, officers not appointed to a regular commission, are eligible for gratuities ranging from £450 for 3 years up to £1,200 for 8 years active list service.

Male officers may apply for **REGULAR COMMISSIONS** on completion of 6 months as a short service medical officer. Previous full pay service as an R.A.M.C., medical officer counts towards seniority, increments of pay, promotion and pension. Regular commissions are not available for women. Regular officers retire at ages varying from 53 to 60 years, the majority at 57 years of age. Rates of retired pay vary from £500 to £1,200 a year, the majority getting £875 a year. Officers eligible for full retired pay qualify for a terminal grant up to £1,000.

Further details may be obtained on application to the War Office (AMD 1), Lansdowne House, Berkeley Square, London, W.1. Visits to the above address (Room 130) will be welcomed. Telephone GROsvenor 8040, Extension 548.

Please mention the Journal when replying to advertisements.



The Summer School at Clamart

"THERE is a dissecting school at Clamart for the summer on a most extensive scale. There is room and material for 200 or upwards, though there are but few there at present; this place was provided for the inscribed students of the school, and they get their subjects for a mere trifle. There is not the least prejudice existing here against dissections; even the subjects do not seem to mind it, though they are aware of their fate, for more than two-thirds of

the dead are carried to the l'École Pratique [sic] or Clamart. I have private instruction in the use of the stethoscope for heart complaints in La Pitié. The other day an old woman bade me adieu as we passed her bed without calling, and I stopped to ask if she was going out. Then she said she was going to Clamart, and that we might meet again."

Dr. John Y. Bassett, writing from Paris to his home in Alabama, 3rd July, 1836



One of a series, presented by

BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) **LONDON**



Picture Post Library

For the 'bilious' or 'liverish' patient

DEHYDROCHOLIN B.D.H. is the most active and least toxic of the bile acids. Since it is highly effective in promoting the secretion of bile and therefore aids the digestion and absorption of foodstuffs, particularly fats, it is indicated particularly for the treatment of 'bilious' or 'liverish' conditions.

Dehydrocholin B.D.H. is also useful in establishing normal bowel action in patients with a deficiency of bile and in patients needing mild peristaltic stimulation. Dosage of three tablets three times a day is recommended.

DEHYDROCHOLIN B.D.H.

Tablets for oral administration, each containing 0.25 gramme in bottles of 20 at 4/1 and 100 at 17/7.

Solution for injection—ampoules containing 2 gramme of sodium dehydrocholate in 10 ml. Box of 6 ampoules 18/11; box of 25 at 74/3. Prices in Great Britain to the Medical Profession.

Literature and samples are available to physicians on request to the Medical Department

THE BRITISH DRUG HOUSES LTD. LONDON N.1

Obv-112/25